



## Student mental health: The role and experiences of academics.

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# Student Mental Health: The Role and Experiences of Academics

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**Accessible report**



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# Executive Summary

Responding to student mental health problems now appears to be an inevitable part of the role of an academic. To understand more about how academics are managing student mental health, this project interviewed 52 academics at five universities. Participants reported large numbers of students experiencing mental health difficulties. A number of the academics interviewed described experiences of student mental illness that carried high levels of risk and distress. Academics who had worked in the role for many years stressed that they were seeing an increase in the prevalence of mental health difficulties. This report sets out 11 key findings and recommendations to ensure that students and academics are effectively and safely supported.

- 1. The role and responsibility of the academic, in relation to student mental health, is ambiguous and lacking in clarity. This leads to weak and uncertain boundaries and increased risk to students, staff and universities.**

Most academics acknowledged that their role involved pastoral care. However, there was a lack of clarity around the term 'pastoral care,' resulting in uneven responses for students, uncertainty for staff and unequal levels of accepted responsibility for student mental health.

Academics described a frontline role, in terms of student wellbeing, as they are more immediately accessible than support services and have pre-existing relationships with their students. Universities also encourage students to see their academic tutor as a personal point of contact with their university.

Our participants expressed the view that academic and pastoral responsibilities cannot be easily separated as academic problems almost always have a non-academic cause. Getting the balance right between pastoral and academic responsibilities is difficult and nuanced and cannot be addressed by structural descriptions alone; students approach approachable academics for support regardless of how the role is described to them.

Ambiguity and uncertainty around the academic's role in relation to student mental health makes establishing and maintaining boundaries difficult. In some instances, confusion around role boundaries were felt to be structural; some participants felt that blurred boundaries were maintained at an institutional level and that they were being asked to perform inappropriate tasks, including assessing student need and triaging.

Academics raised concerns about who holds responsibility for the wellbeing of a student; it is unclear to them whether responsibility sits with the academic, departments or wider university. In clarifying responsibility, it is essential that this considers responsibility out of hours, as many academics described responding to students in distress in the evenings and weekends. The current lack of clarity around responsibility results in time, effort and emotion being invested in protective, defensive behaviours and activities and less effective support for students.

**Recommendation:** There is a need for the sector to debate and define the role of the academic in relation to student mental health. Universities must consider the role played by academics within a whole university approach to student mental health. Within this, the role academics now play must be recognised and accepted, so that they can be provided with a clearer, less ambiguous and more nuanced description of their role and boundaries. Universities should clarify what responsibilities academics hold (e.g. around duty of care) and where overall responsibilities lie for student wellbeing.

## **2. The accessibility of academics and uncertainty about their role makes it more difficult to maintain boundaries.**

Academics feel they have little ability to protect their time and limit student engagement to fixed hours within the working week. Emails present a particular challenge. It is currently difficult for academics to maintain appropriate boundaries and ensure that students receive consistent, reliable, safe and effective support when needed.

**Recommendation:** Academics should be proactively supported to understand, maintain and communicate appropriate boundaries to their students, both online and on campus. Communications to students from their university should reaffirm these boundaries.

## **3. Responding to student mental health problems is now an inevitable part of the academic role, but many academics do not feel that the necessary structures and cultures exist to support them in this work.**

Academics are often the first point of contact for students in distress. Frontline roles, for responding to individuals in distress, are usually accompanied by a clear framework of responsibility and comprehensive support, including supervision. This is not the case for academics and currently creates both risk for students and distress for academics.

Academics need clear and easily accessible procedures to follow when supporting a student in distress, including sharing or handing over responsibility and support implementing boundaries. Academics across a number of institutions noted that while they think information and guidance on how to manage specific situations exists, this is not always easy to find. In addition to published guidance, academics should be working within an environment where it is easy for them to ask for help and advice from individuals with appropriate experience. A number of academics felt they would benefit from an opportunity to access supervision for their role, in relation to student distress.

Analysis of the transcripts suggests that simply setting down a role description on paper or placing guidance on the university intranet will not resolve this problem. Many academics described a conflict between the limits of their defined role and the natural responsibility they felt for supporting a student in distress. Given that students are likely to continue to, perhaps unwittingly,

push at established boundaries and seek out the most approachable academics, a more fundamental shift in culture and management is required.

**Recommendation:** Universities must recognise the unavoidable role academics are now playing in responding to student mental health, create open spaces for discussion and learning and provide ongoing support and accessible training.

#### **4. Academics feel that the demands placed on them in responding to student mental health are not properly recognised.**

Most academics felt that the time they spend supporting students is invisible to management and not properly considered by workload planning models. This has an impact on academics work and wellbeing. Further, given that students choose which academics they approach for support, the emotional and time cost can have a disproportionate effect on those staff who are perceived as approachable, leading to a higher workload for some and the potential for longer-term impact on research careers.

**Recommendation:** The time cost of supporting students' needs to be appropriately recognised by universities.

#### **5. Signposting is a complex and nuanced task requiring skill, insight and knowledge. These abilities cannot automatically be assumed to exist within academics.**

The academics interviewed were aware that they have a responsibility to signpost students experiencing problems with mental health to appropriate support. However, the task of signposting is often more complex than first appears. To signpost effectively, academics must be able to (1) identify when a student is experiencing problems that would benefit from support, (2) identify services and explain how they can be accessed, (3) outline how and why a service could help a student and encourage hope to motivate the student to access support. There are a range of psychological, practical and skills based challenges with each of these steps.

Academics described substantive challenges in identifying when a student is struggling with their mental health. Identification is facilitated by noticing worrying changes in student behaviour, but this is difficult with large class sizes. Academics also report difficulty in differentiating worrying behaviour and emotions (e.g. lack of sleep or stress) from normal student experience.

Students also disclose mental health problems in conversation with academics, either unprompted or as a result of proactive questions from an academic. Given the ambiguity in the academics' role, academics are making individual decisions as to how proactive they should be in encouraging students to disclose mental health difficulties. This means that students cannot be sure of the response they will receive if they turn to an academic for support.

Rates of professional help-seeking for mental health difficulties are low [1, 2] and academics described students who are unwilling to seek professional health services. This means that

signposting requires proactive encouragement. Barriers to encouraging help-seeking included student perception of stigma and an unwillingness on the part of the student to move on from the familiarity of the relationship they know with the academic. Some academics felt that they were unable to be assertive in signposting and continue to provide support for students in distress because they have concerns that “something will go wrong.”

**Recommendation:** Academics should receive more comprehensive support and training to appropriately and effectively signpost students to relevant services

#### **6. When Student Services are unable to meet student need for support, it is being provided by academics**

Students return to academics when there are extensive waiting times for services and when students feel that the service does not provide the support they need. Many academics described providing ongoing support to unwell students. In this situation students are receiving support from unqualified academic staff, weakening appropriate boundaries and placing both academic and student at risk. Legal advice to the sector has been consistent in stating that, if an academic provides ongoing support to a student and this goes wrong, the support they provide will not be judged against the qualities of a well-meaning academic but against that which would be expected from a trained and experienced counsellor. Gaps in service provision are placing academics in situations that leave them holding substantive risk. Academics must be able to signpost students to a service where they will receive the support they need and where the service will be flexible enough to respond to the needs of different students.

**Recommendation:** Student Services need to be resourced and supported to provide a comprehensive, effective and diverse service provision for students.

#### **7. For many academics, the relationship with their Student Services is problematic, creating gaps into which students can fall and through which bad practice can arise.**

The relationship between academics and Student Services seems, at best, problematic. There are substantive gaps between academics and Student Services. Many academics described a service that they felt detached from and knew little about.

There were notable examples of academics who had been able to build working relationships with Student Services and were able to highlight the benefits this produced. In these cases, the academic felt able to reach out to support services to access support and advice themselves to help them manage specific student cases, demonstrating that a good relationship between Student Services and academics is valuable.

Addressing the gap between academics and Student Services requires institutional direction, resources and support. Individual academics can only overcome these barriers in an ad hoc manner and many do not have the facility to do so. For structural reasons, therefore, initiating



change must usually begin with Student Services, supported and resourced by university management.

**Recommendation:** Universities must address the gaps that exist between academics and Student Services, developing overlapping interests, principles, culture and language.

#### **8. Part of the challenge of developing a better relationship between academics and Student Services relates to communication.**

Many academics felt that there was little communication between them and Student Services. The lack of communication leads to numerous challenges, including continued concern from the academic after a student has been signposted to Student Services as they appear to 'disappear into the service.' While most academics understood that Student Services don't communicate with them about students because of reasons of confidentiality, this seemed to sit uncomfortably with many. The lack of communication also contributes to gaps in perception and understanding. Notably, a number of academics reported the distress they experienced when Student Services took a different opinion to them on what constitutes a crisis. Looking at the communication gap from the other perspective, academics raised concerns that Student Service professionals did not always understand issues of academic integrity and occasionally undermined academic credibility.

**Recommendation:** To ensure regular communication and improved understanding between academics and Student Services, universities must increase opportunities for structured engagement, regular contact and shared sense of purpose.

#### **9. Responding to student mental health problems has a substantive, negative impact on the wellbeing of academics.**

Responding to the range and complexity of issues that students present to academics, was seen to have ongoing cognitive, emotional, relational and practical effects. Academics described impacts on sleep and home life, worries about students persisting into time away from work, exhaustion and negative consequences for their own emotional and mental wellbeing

**Recommendations:** In addition to greater clarity of responsibilities and support to manage boundaries effectively, academics should have clearer, more visible access to support for themselves and assistance to develop skills and mind-set, to appropriately manage the potential impact. Universities should also seek to develop open cultures in which the wellbeing of the whole university community can be positively addressed.

#### **10. Many academics are unprepared for the inevitable demands of their role in relation to student mental health.**

Academics felt that they were not equipped or supported to respond to student mental health problems and most participants had little or no training either in mental health or how to support students generally. As a result, academics are drawing entirely from their own experience or

personal support networks, leaving new academics particularly vulnerable. However, training appeared as a contentious subject, with some participants feeling they did not have the time to engage and others expressing concern that additional training may increase their responsibilities in this area. Others suggested that the training they had received had not been helpful as it was not designed for their role.

**Recommendation:** Academics need adequate preparation for their role. This should include clear and accurate descriptions of the expectations of the role and training. This training should be specifically designed for the role academics play and delivered in a range of flexibly accessible formats.

#### **11. Academics feel that support is limited.**

Some academics baldly stated that they had no support available to them to help them respond to student mental health problems. There was a general feeling among some of the participants that many managers do not acknowledge the demands of supporting student mental health. Analysis of the transcripts suggests that whether or not academics feel supported is dependent on the pot luck of being in a good team, with a good manager or having resources outside of work to sustain them.

**Recommendation:** Academic managers must be equipped with the skills and resources to be able to support their team to appropriately respond to student mental health and maintain boundaries.

# **Introduction**

Student mental health is an increasing focus of concern in the literature, the media and HE sector discourse. Although estimates vary, research and official figures suggest that there has been a rise in the number of students experiencing mental ill health and that mental health problems are common in the student population, with some studies indicating that students have lower mental wellbeing than the general population [3].

This rise appears to have occurred across the mental health spectrum, with increases in students experiencing problems with anxiety and stress and an increase in the number of students in England and Wales taking their own lives [4].

Low mental wellbeing is also seen to have negative consequences for student experience and success. HESA data indicates that more students are withdrawing from university as a result of mental health problems [5]. Poor mental health is associated with lower academic achievement, greater perceived physical ill health and greater disability [6-8].

Given that this is the case, it is unsurprising that university support services are reporting dramatic increases in demand [9]. A number of recent reports have raised concern that this surge in demand threatens to overwhelm current support systems. A recent HEFCE case report also found that alongside increasing demand for mental health care in UK universities, there are significant variations in provision [10].

However, despite this surge in demand, research has also shown that most students with mental health problems do not seek help in an appropriate and timely manner, with only one third of those who have clinically significant symptoms accessing formal support [1]. There is also a major problem of late disclosure by students, leading to lost opportunities for earlier detection and intervention [11]. This low help-seeking rate is of concern, given that a longer duration of untreated mental illness may lead to a more severe disease course and poorer outcomes.

This has given rise to calls for institutions to take a 'whole university approach' to improving student mental health [12]. These calls acknowledge that reactive services alone cannot meet the challenge of supporting student wellbeing effectively, given the numbers of students experiencing problems and the numbers that do not seek formal support. To address this problem, it is argued, universities should ensure that every aspect of a student's experience should be designed to support their mental wellbeing and that students should naturally encounter interventions that can assist them to develop their own resilience, wellbeing and self-management.

There are clear implications from these calls, for both the design of curriculum and the role of academics. For students, their curriculum and their engagement with academics are their only guaranteed points of contact with their university. Not all students will stay in university

accommodation, engage with their Students' Union or access support services. All students will study their curriculum and engage with their academic lecturers and tutors.

This places particular weight on curriculum design and the role of academics in responding to student mental health needs. Whilst some work has begun on developing curriculum to support wellbeing [13], little attention has been paid to the role of the academic in this space. This is a curious absence, given the centrality of this role in supporting students.

In addition to this, recent research has raised concerns about the wellbeing of academic staff. A recent review by RAND Europe suggested that academics and those in the research community had lower levels of wellbeing than those in other professions [14]. This suggests that there may be an overall problem with the wellbeing of the whole academic community – staff and students.

This study was designed to address the current gap in the literature, to:

Improve understanding of the role academics are playing in relation to student wellbeing;

Increase our understanding of the student mental health issues academics are experiencing and the perceived impact on them and their work;

Identify whether academics feel prepared and supported to respond effectively and appropriately to support student mental wellbeing;

Increase our understanding of what aspects of the academic role are working well and what aspects are preventing students from receiving effective support.

## 1. Methodology

Given the complexity of the subject, a large scale, qualitative, case study design was adopted. A qualitative study is recognised as an appropriate approach for complex subjects in which it is important to extract nuance and identify differences and commonalities in personal narratives and experiences.

Ethical approval was sought and granted by Research Ethics Committee at Kings College London, REC Reference Number: LRS-16/17-4345. All participants were given detailed information about the study prior to engaging in an interview or focus group and provided informed consent to participate.

52 academics were interviewed individually or in focus groups (the choice being made by the participant). 58% of participants were female. Care was taken to ensure representativeness in terms of the spectrum of experience and seniority of the academics interviewed and the range of institutions who took part. Experience ranged from some who were in their first year of a teaching only contract, through to more experienced lecturers, senior tutors, programme leaders and senior fellows, as summarised in Table 1 and 2 below.

We conducted 21 separate interviews and focus groups, with 14 interviews and 7 focus groups. There were on average 5 participants in each focus group, with the smallest group consisting of 3 individuals and the largest including 7 participants. All interviews and focus groups took place at the academics' respective universities and focus groups included academics from the same university. The majority of interviews and focus groups were conducted jointly by Dr Byrom and Mr Hughes, however, one focus group and two interviews were conducted by Mr Hughes alone and four interviews were conducted by Dr Byrom alone.

Interviews were conducted at five institutions, representing a range across England, including; Russell Group, red brick and post 92 universities; single campus and city-based multi-campus universities; large, medium and small scale; collegiate and centralised structures; universities from the north, midlands, south and London; and public and private institutions.

Academics were recruited to participate in the study via Student Minds's network of UK universities.

Focus groups and interviews followed a semi-structured set of questions, with the same questions for both focus groups and interviews. Within focus groups, most participants answered each question, but some participants contributed less to the overall discussion than others. The questions addressed how the academic would become aware of a student experiencing problems with their mental health and how they have responded to students experiencing mental health difficulties. Academics were asked whether they had sufficient resources to support students to manage their mental wellbeing and where they turned to for support. The interview included a question about the impact that responding to student mental health issues had on the academic. Interviews concluded with a question about the feasibility of considering student wellbeing when designing curriculum or choosing pedagogy.

**Table 1: Summary of participants' role description**

| Role               | Number of participants |
|--------------------|------------------------|
| Lecturer           | 22                     |
| Senior Lecturer    | 11                     |
| Senior Tutor*      | 3                      |
| Clinical Tutor**   | 4                      |
| Programme Leader   | 10                     |
| Head of Department | 2                      |

\* Senior Tutor is a lecturer with specific responsibility for coordinating and supporting personal tutors within the department

\*\* Clinical tutors are individuals who primarily have a clinical role and do some teaching in addition to their clinical responsibilities.

**Table 2: Summary of participants' subject area**

| Subject area                                | Number of participants |
|---|------------------------|
| Nursing and Midwifery                       | 7                      |
| Medicine, Biomedical and Health Science     | 5                      |
| Culture                                     | 3                      |
| Engineering                                 | 3                      |
| English                                     | 3                      |
| Architecture                                | 2                      |
| Computer Science                            | 2                      |
| Education                                   | 2                      |
| Geography / Environmental management        | 2                      |
| Languages and linguistics                   | 2                      |
| Psychology and Psychiatry                   | 2                      |
| Biology                                     | 1                      |
| Business and Entrepreneurship               | 1                      |
| Chemistry                                   | 1                      |
| Dentistry                                   | 1                      |
| History                                     | 1                      |
| International Development                   | 1                      |
| Philosophy                                  | 1                      |
| Politics                                    | 1                      |
| Social Work                                 | 1                      |
| Other senior role bridging multiple courses | 3                      |
| Undisclosed                                 | 7                      |

## 2. Analysis

Each of the focus groups and interviews were recorded and transcribed. Following recognised practice, the transcriptions were then narratively analysed and coded separately by the two senior researchers and two psychology students who each produced a series of themes. These initial themes were then consolidated through a series of meetings between the researchers and brought together for comparison to produce a final agreed list of themes and overall narratives. These themes are reported below.

Under each heading in this report, we have described the general narrative that emerged, in relation to each topic, from the synthesis of all the qualitative transcripts. It should be noted that within conversations many of these themes overlapped, repeated and were related to each other. The text below reflects this.

Quotations from the transcripts have been provided as illustrations of each point being discussed. The source of each quotation is identified at the start of the quote, I1 to I14 refer to the 14 different interviews, F1 to F7 refers to the focus groups. Most quotations record the speech of just

one participant; when a quotation contains a discussion, the speakers are individually indicated by the letter P and a number. Where participants have been quoted, alternative quotations supporting the same point also exist.

### **3.Note on language**

For ethical reasons, the identity of each of the participants and the universities who took part in this research will remain anonymous. To protect this anonymity, we have changed institutional names for departments and adopted standard nomenclature, as otherwise it may have been clear which university a participant was describing. For example, there are a range of titles in different universities for the department that provides mental health support to students including Student Services, Student Wellbeing, Student Welfare, Department of Student Life etc. For the purposes of this report all such departments will be referred to as Student Services. Other than titles which may identify an institution or a person, no other content of quotations has been changed.

There are a few terms that we use throughout the report to describe departments or job titles. As noted above, we are aware that different universities use different titles and branding. For the purposes of this report, therefore, we define the following terminology:

**Academic(s)** – all staff employed to teach, supervise or tutor students in a university. This includes staff on teaching only contracts, personal tutors, research supervisors and staff with traditional research and teaching responsibilities.

**Student Services** – the department (or group of departments) within a university responsible for providing formal support for students, in relations to their health, wellbeing or disability. Within this report we focus specifically on support for student mental health such as counselling services, mental health advisors and mental wellbeing teams, although we recognise that other services, such as disability services and financial advisors, can also play a role here.

# The Report

## 1. Academics' Experiences of Student Mental Health

The participants echoed the concerns raised in the literature, about student mental health, both in terms of numbers and the severity of problems experienced.

Concerns were repeatedly expressed about the number of students who were experiencing problems with their mental health. Although there was variance between participants on exactly how many students experience problems with their mental health, most of the participants identified that it was a factor for a significant proportion of the students within their cohort. Estimates of prevalence ranged from approximately 20 – 70%.

I3: I would say we have a lot of students who have some mental health issue at some point, A LOT ... I think honestly it was about 60-70% of students.

I13: In the formal personal tutor meetings, I would say, 3 have said that they have been diagnosed with anxiety issues, which to me, 3 out of 15, I was quite surprised by that.

F1: I share an office with two of the tutors who also have undergraduate personal tutees and I would say... everyday one of us will have some interaction with a student we are a little bit worried about, so it is quite regular, quite common.

Participants stressed that they were seeing an increase in the prevalence of problems and were surprised by the proportion of students experiencing mental health difficulties. Several more experienced academics reflected on this as a growing problem that had not existed to the same extent previously.

F4: I did this role 10 years ago and I don't remember this. Maybe I've just forgotten, but I don't remember anything like this quantity of anxiety or stress.

A number of participants described experiences of student mental illness that potentially carried high levels of risk and were distressing for them. Participants referenced students who attempted suicide, informed their academic they were going to do so, presented recent self-harm, or appeared uncommunicative and dissociated or highly distressed. Many raised concerns about the potential impact of these incidents.

F3: If someone comes in saying, as happened to one of my colleagues (who could deal with it and dealt with it very well), "I think I've been silly," as my colleague realised that the floor under the student's chair was going red from the blood



where he had been slashing his legs. I think other colleagues wouldn't be able to deal with that.

F2: I had a student who emailed me their goodbye email at 8pm one evening. I was able to contact their peers, student friends, and ask them to go and see if this person was okay... because I didn't know what else to do, other than call the police, because I didn't know where they lived, or where they were.

F5: I had a student who was wandering around campus without shoes on and had come and sat outside my office after meeting me once, waiting for me. It is quite scary as a female lecturer as well, that someone is in the corridor waiting for you curled up in a ball. And I didn't know what to do. I've not had any training.

I11: The biggest thing for me was the student who took an overdose at the end of my module. You have to forgive me if I get upset because this really shook me up. It is a module with a lot of fails, I'll accept that. I knew that this particular student was struggling, but the impact of actually "I've pushed a student to the point where their only way out of having failed that module is to take an overdose" really knocked me for six, really left me with sleepless nights.

There were also reports of students disclosing traumatic events (including rape) and bereavements to an academic.

I9: Very early on a student came in and disclosed to me that she had been raped at a previous university and that is why she had left that university and there was a trial going on and she was going to have to have time off, and I was like right!!! There were procedural things to deal with there but there were clearly also emotional things and I didn't quite know, she was very, she didn't want people knowing this, and we do have a policy about, you really should not be disclosing things, unless they are a harm to themselves, or someone else, or crimes, they are doing something illegal. So, it was very difficult, knowing who do I talk to...?

As is clear from these accounts, large numbers of students are presenting to academics with significant problems, that can contain high levels of risk and complexity. Given this interaction between academics and students experiencing significant mental distress, it is vital that the relationship between student and academic functions effectively to ensure that students receive timely, appropriate and effective support. Any failure in this interaction has the serious potential to increase risk to the student, the academic and the institution. The importance of the effectiveness of these interactions in turn, has substantive implications for **the** role academics are being asked to fulfil.

## 2. The Structure of the Academic Role

Pastoral care originally referred to the role of a shepherd, tending to his flock and has often been associated with the church, concerning spiritual guidance. Today the term commonly denotes a teacher's responsibility for the general wellbeing of their students. Most of the participants identified their role, especially as a personal tutor or academic supervisor, as involving pastoral care;

F1: The personal tutor role is pastoral. I don't think it is academic or clinical support. You might do some of that coincidentally, but it is about offering that pastoral support and saying, okay, signposting where people need to go, or not, as it needs to be.

However, there is a lack of clarity around what exactly the term 'pastoral' means. This results in the role being interpreted on a spectrum by each individual academic, resulting in uneven responses for students, uncertainty for staff and unequal levels of accepted responsibility.

Our research identified three challenges for understanding the structure of the academic role; (1) ambiguity in the definition of the role, responsibility and duty of care, (2) the integrated relationship of academic and pastoral care and (3) the frontline nature of the role. We address each of these in turn.

### 2.1 Ambiguity of the Role, Responsibility and Duty of Care.

Participants frequently stated that they were uncertain about the boundaries of their role. Participants were unsure how responsible they were for the ongoing wellbeing of their students, how far they should go in supporting them and when they should withdraw or present a clear boundary.

F5: For me I think the biggest question mark is what are the expectations? I really don't know what the expectations are of me.

F5: I struggle a little bit to be honest, with what personal tutors are expected to do, if you go onto the universities website... and check, what is it that we are expected to do, and it is not that straight forward.

I4: Sometimes I don't know what the things I can and cannot say are, so I just don't say anything. And then I feel like I might be leaving a student hanging during a time they really need me to say something, and that's when it becomes tricky.

Uncertainty around the expectations of the role, in turn, makes establishing and maintaining boundaries more difficult.

F4: The boundaries are really, really grey... so, you feel very caught then, in your two roles, of what you are supposed to do professionally and as a person. You know this person and they are young and a lot of them are vulnerable as well, I just think, you know, you have to do something, but it is a question of what do you do, or where do you draw the line.

I1: At the beginning, it was a problem. I started getting way over-involved. I had a student who had lost housing and I said I'd be her guardian, it was just, you know, I mean. I definitely didn't have the boundaries.

As a result of this lack of clarity, academics struggle to clearly communicate the boundaries of their role to their students, which can result in confusion and difficulties for students, particularly those who are most vulnerable. In effect, it is impossible for academics to put boundaries in place, maintain them and communicate them to students, if they are uncertain about the definition and limits of their own role. This uncertainty and the difficulty it presents to students was reflected in the transcripts.

F5: I can imagine for someone who is 18 or 19 you are a face, you are someone they know, you seem nice, you are not their teacher (probably) directly, so, they don't understand that we've been told that we are supposed to just triage, and this isn't our role and it is often not even like in a work load or you know, so you, it's hard, I don't think the students understand what our job is.

These conversations led to more general concerns about who was responsible for vulnerable students and whether or not academics had a legal duty of care towards their students.

F4: We have a sense of quite deep responsibility, because we hear we have a duty of care, which I know what that is, but I don't know what that is really. Is it a legal responsibility, are we stepping in for the parent, and if so, is that personally, departmentally, or university? I don't actually know, in reality, what that means when things start to matter. So, it becomes a question of, exactly as you say, at the weekend, what do you do? Is it on you, if you are the first person?

F5: There is a question around accountability and a duty of care, I don't think it is ever clear as a supervisor, as a member of staff, but to a certain extent, we do have a duty of care.

F2: ...feeling that there is a duty of care that isn't written into any contract we have.

Part of the concern about responsibility, reflects this lack of clarity about whether the individual academic holds responsibility, or whether responsibility for student wellbeing is held by the department or the wider university. This ambiguity, in turn, contributed to some participants being

worried about their own personal culpability. This resulted in time, effort and emotion being invested in protective, defensive behaviours and activities.

F2: And of course, in case anything awful happens, you have got a record of having to cover your back... You have always got that balance with under and over supporting. So, you want to make sure they are okay to signpost them, but you don't want to go too far in keeping track of them and coming back to you because, if something does happen there is a "why are you involved, you should have signposted them."

For many participants, this confusion around the boundaries of their role seemed to be structural. Several participants felt that these blurred boundaries were deliberately maintained at an institutional level and that they were being asked to perform inappropriate tasks.

F5: I think there is a deliberate blurring of what it actually is to be a supervisor in that context.

I2: I would say the university in general, at the moment has a standard policy of pushing these things onto academic staff because it costs nothing. And they can say, we made this two-page document which some admin person wrote up, which now says everyone has this additional responsibility and that is the problem solved. Plastered over.

F4: P1: We feel that we are the ones dealing with the problem that we are not at all equipped to deal with, or it is not our job to do this actually, P2: No, I agree.

This concern, about being asked to undertake inappropriate tasks, was evidenced by the number of times participants felt the need to stress that they were academics not mental health professionals (e.g. counsellors).

I1: And it is like, I'm not a counsellor. I don't want to be in that role.

I2: I don't believe that I should be responsible for that. That is what I resent. I was not employed to be a psychologist or counsellor or, stop gap therapist, that is not what I was employed to do.

F2: We are not the right people to do that at the end of the day. We are not equipped, we are not supported to do that, we are certainly not trained to do it, we are not qualified, maybe we are not the right people to be personal tutors.

Some participants stated that they were being asked to assess and triage students without the knowledge or skillset that this requires.

F5: I agree, we do seem to be triaging, we don't have the skills to be doing that.

F4: It is up to us to make the judgement, “is this person just a bit pissed off, or are they in quite a serious state,” and again, we are not qualified to make that judgement.

F5: Recently, after speaking with Student Services and realising how overwhelmed they are with anxiety, they are now saying maybe we should be recommending more study support services to recommend that students maybe can deal with their anxiety and find ways to cope with it, without needing the counselling service, so that is the judgement that I struggle to make, and I don't want to overload our counselling service further, by just recommending that everyone go there, but that is the safer option from my point of view.

Other participants highlighted that they felt that responsibility, which should lie with professional support staff, was falling to them either by default or design.

I3: There's a lot of pressure from the institution for personal tutors to almost be “life gurus” now. I think that some of the care and concerns and issues that have been raised in terms of how students feel about the institution are now, they're trying to find the solution through the personal tutoring system.

F4: There is a real frustration in the department, that we are the ones dealing with this, at weekends away, and at time it felt that the central university were completely blithe or the people responsible, it was “look at the web,” and that is their answer to everything “look at the web” and you just find that, well I found that so frustrating, it is a completely inadequate response.

F3: I had a colleague who recently said that she thought we should not act as personal tutors to students but should bring in professional people with mental health backgrounds to serve as personal tutors for students because she felt like that was most of what we are doing as personal tutors and we are not trained or able to do it.

The problematic nature of appropriately moving responsibility to more trained colleagues will be discussed further in Section 3.

## 2.2 Academic and Pastoral role

All of this discussion highlights the ambiguity around the extent to which roles, such as that of the personal tutor, should focus on academic issues or pastoral concerns. At one university, the title of the role is “Academic Personal Tutor,” placing specific emphasis on the academic issues. At another university participants stressed that the role of personal tutor had to be pastoral rather than academic. Within the transcripts these differences of emphasis about what the role ‘should be,’ were evident, not only between institutions but also between academics within institutions.

F1: It is interesting, isn't it? I've worked in nursing education for some 23 years now and I think the personal tutor role is pastoral, I don't think it is academic and clinical

support, you might do some of that coincidentally, but it is about offering that pastoral support.

I10: So, the role has, in a sense, for us has been reigned in a bit to academic support rather than supporting students more with personal problems or health issues and things, its more drawing on other services to help you in that process or actually handing that over and that's VERY HARD.

One academic explained how administrators at their university were exploring the idea of separating responsibility for academic issues and pastoral issues and stressed that "the conversation was very hard to segment," because academic problems almost always have a non-academic cause.

I9: P1: I think one of the difficulties for us is going to be that some people want [the personal tutor role] to not have pastoral at all and then other people think the pastoral is a benefit but needs to be more clearly defined and then the third area is that if it doesn't do pastoral, does Student Services have the resources to cope with being the sole for everything? P2: And a fourth one, the pastoral and the academic are inextricably linked.

This link between pastoral and academic issues was explored by many of the participants and it seems clear that because the academic and the personal are inextricably linked on the part of the student, it was, therefore, impossible to separate the academic and the pastoral for the member of staff.

The combination of the link between the academic and the personal and the fact that students have pre-existing relationships with their academics, increases the likelihood that students will seek out and present problems to academics, when they are experiencing distress, irrespective of internal university structures. Therefore, attempts to manage or control student behaviour or disclosure, simply by stripping out the pastoral aspect of the academic role are doomed to break on the rocks of normal human psychology. Students will continue to seek out someone they know, like and feel understands their world and subject.

This was further evidenced by the number of times participants referred to the fact that students choose which academic to speak to – they do not necessarily approach the personal tutor they have been assigned.

F3: One thing I find, it is not just my personal tutees that come to me, there is a lot of students who either go to their personal tutee or the lecturer that they feel most comfortable talking to, so in terms of who gets spoken to, it is usually clumped onto a very small number of people, because whoever is the most approachable person, that is who everyone ends up going to, especially if you talk about mental health issues with students openly and things, they know that you are open to, and sensitive to those issues, so I have a lot of non-tutees come to me...

This led to debates within the focus groups about the impact of the considerable individual differences in how the role is interpreted. The ambiguity of the role means that some academics shoulder more of this burden than others. We might be able to draw a continuum on which most academics will sit. This was described by one academic;

F4: There are academics who will be much quicker to gently push the student out of the door and there will be academics who end up in very co-dependent relationships with students.

This was further evidenced by participants themselves, some of whom identified that they do not make themselves as available for students as some of their colleagues.

I2: We all sit on the spectrum, and I'm not necessarily the most empathetic person, I'm quite abstract, yes, but I'm well aware of that short coming, I don't have a problem with that.

I4: A lot of my tutees, I've never even met... so it's not clearly the best scenario, is it?

While others highlighted that they may stray too far in supporting their students.

F4: And even if individual meetings might be productive, productive, productive, and then you realise that you've become the resource now, and I've had to do that in the last couple of weeks with a student in a very bad kind of crisis, very long meetings of listening and sort of gently asking "would you be comfortable with this idea or this, would you like a leave of absence..." but then you realise that the routine of that once or twice a week, I'm not the person that you should rely on.

F3: I think some of the students just don't have the support they need from mental health services and you care about your students and their wellbeing and they wind up attaching to you as the support person in their mind and it is very hard. You can't very well, sort of, say to a student who is depressed, "No, sorry, I can't play that role." I often feel like I can't say that, you know? You, feel for the student, especially if you have similar experiences, so I've found myself being very, sucked into, being probably more than I should be, as a tutor for my students, in very intensive ways.

The result of this disparity in approach was that some staff felt that being approachable and able to offer effective support often resulted in more students approaching them and seeking their help. This was not perceived positively.

F2: It is very, very good to have a good reputation, but having a good reputation for being helpful to students can be very difficult to manage.

Getting the balance of this role right between pastoral and academics, is difficult and nuanced and cannot be addressed alone by the structural descriptors. When students are seeking help they often present in ways which are complex, interlinked and messy. Effectively managing the

presentation of student mental health problems, therefore, takes insight, interest, skill and nuance. These abilities cannot be assumed to exist within academics or personal tutors simply because they hold the role, it is however, vital that they do so, as academics are, in effect, often the frontline of support.

## 2.3 Frontline role

Participants clearly identified that they are often the first port of call for students who are experiencing problems.

F5: In the end, that student just wants someone to reach out to and you are the first person that, as you say, either they know you, or you have taught them, or the university is pushing them your way, because all the advice says, “talk to your tutor... talk to your tutor” and we are the first port of call for students.

There are both relational and structural reasons for this. Most obviously students have a pre-existing relationship with their academics and are therefore more likely to feel comfortable speaking to one of them.

I11: Sometimes students need to offload. We aren't there to diagnose, that isn't our job but actually we are front-line. You are their personal tutor. Who are they going to call? They're unlikely to call student services, they're more likely to call someone they have a rapport with.

F7: We have a very good relationship with our students, so they want to come to you. They don't want to go to anywhere else, so you try to tackle it.

F1: They see us as professionals, they see us as their teachers and they have that relationship where they feel they can come and disclose something, we can be the first person they contact.

However, participants also stressed the structural reasons why students may be more likely to turn to them. There are two components to this; (1) universities encourage students to see their academic tutor as their personal point of contact with the university and (2) academics are perceived as more available and are often more immediately accessible than support services. Many academics are easily accessible with open office hours. As a result, many of the academics that we spoke to felt that they had little ability to protect their time and limit student engagement to fixed hours of the working week. They also seemed to be an easy access point for students in crisis.

F1: They never use the 9am to 10am [available advertised office hours]. They sometimes make appointments, but they usually just drop in, which again can be frustrating, but when they drop in and they are crying, actually me saying “I need to do this marking and you haven't made an appointment” it is not helpful. So, you end up seeing them and then, yeah, everything else just has to wait.



I5: Having said that, if you have genuinely got issues, you want to speak to someone straight away and that is why they come to us because we are sitting in the office and are perceived as not having anything else to do, and actually perceived to actually understand what they are going through, and I think that is one of the key issues that is challenging for us.

Emails present a challenge in this respect. Students can send emails at any time of the day or week and often seemed to expect a reply outside of working hours. There was much debate within the transcripts, as to the most appropriate ways to manage these emails and the risks entailed in opening, replying or not replying.

I1: I find it tiring. Because with email, they can email you any time. So, I can wake up in the morning and boom, there she is again. You know, two in the morning, not that I'm looking at email then, but any time I check my email, they have access to me, and, if it is on the weekend and I just want to do work, I'll get "I don't know what to do, I don't think I'll get my paper in on time."

F5: I tell all the students that I teach, I'm sorry but I don't get near my email after Friday afternoon.

Concerns were expressed about the responsibilities of academics if they receive an email out of hours that contains information that indicates someone may be at risk. Participants expressed concern at both their legal obligation and the potential emotional risk to them if they did not act.

F4: If you open an email then you do have a legal responsibility, that you have to act, if it is imminent danger, then you have to call security, call the police, do something. But there is no responsibility to open the emails, so if you don't check your email, you can't be blamed, but once you have, once you've opened that email then you have to respond.

F5: Yes, and I understand that, and I think that, I sort of put myself in... if that were my student, and they had emailed me over the weekend and I hadn't seen that email and something had happened to them how would I feel, yeah, and I know that is not a good way to be thinking myself because then I would be checking my email all the time aren't you, but there is that question isn't there, I would feel dreadful.

I11: As a lecturer, I've got students emailing me all sorts of time of day and night including 3 in the morning and things like that and it doesn't stop when you go home. I only work part time so on Monday and Tuesday when I'm not working students will be contacting me. So actually, that training and who do I contact if I'm really worried? Who do I contact if a student emails me at 2 in the morning, if they think there's a real problem or their friends going to attempt suicide or something like that? That's absolutely vital for me.

Participants described a frontline role in which they knew they should signpost students on to other services but don't always find this straightforward. In other organisations, people with a frontline role in managing mental distress might be expected to operate within a clear structure, with support and supervision, to minimise the responsibility resting on single individuals. The ambiguous nature of the academic role may, in effect, hide the reality of on-the-ground practice and the true frontline responsibilities that many academics feel are part of their day to day work. In this way, the need to address these issues may be hidden from policy makers and university managers.

All of this makes it much more difficult for academics to maintain appropriate boundaries and ensure that students receive consistent, reliable, safe and effective support when it is needed.

### **3. Responses to presentations of student mental health - the complexity of signposting**

The participants in the study were all very aware that, theoretically, they are expected to signpost students experiencing problems with their mental health to relevant support, usually Student Services. However, this task often seemed more complex than might first appear. Signposting, is more than simply telling a student about a service that exists. There are, in effect, three pre-conditions that must be met for a student to be willing and able to access further support [15]:

1. The student must be able to identify that they need and may benefit from support;
2. The student must be able to identify, understand and access the relevant support service;
3. The student must believe that the support service can help to improve their situation.

To facilitate students to access support, academics must therefore:

1. Be able to identify when a student is experiencing problems that would benefit from support;
2. Be aware of and able to identify services to students and explain how they can be accessed;
3. Be able to outline how and why a service could help a student and encourage enough hope to motivate the student to access support.

Participants identified a range of problems and a level of complexity that impedes their ability to fulfil these criteria.

The multi-faceted nature of the ways in which student problems present, students' expectations and wishes, the ability of the academic and structural issues relating to the organisation of professional support, can all contribute to create a series of barriers to successful identification and signposting. Barriers to signposting can broadly be described as psychological, on the part of both the student and the academic, practical and skill based, and start with initial presentation.

### 3.1 When to signpost – identifying the problem

The participants suggested that, how problems present, is a complex picture that is difficult to capture and anticipate.

F1: P1: You couldn't say there was a particular route, it would always be different.

P2: I think you are right, there are always different ways.

I8: There are formal and informal ways in which you get to know that and sometimes you don't know that until a student privately chooses to declare it

F5: I don't know, my experience so far is that there is no pattern, there are no rules to follow.

Participants identified a broad range of interlocking ways in which they become aware of student mental health problems, among which are student absence, changes in performance, non-completion of work, reports from placements, reports from friends of the student, direct disclosures and conversations with other academics.

However, when taken together the transcripts suggest that the ways in which academics become aware that students are experiencing problems with their mental health, can be grouped into two different categories; (1) student behaviour and (2) student disclosure.

#### 3.1.1 Student Behaviour

As noted above, participants reported a range of ways in which student behaviour may be taken to indicate a deeper problem. When identified, this can lead to early, proactive interventions that can result to better outcomes for students.

However, a number of participants suggested that for them to recognise meaningful changes in behaviour (or behaviour which causes concern), they usually need to have a pre-existing relationship with their students. Indeed, the importance of relationships and the considered actions academics take to build and maintain them were evident throughout the transcripts.

I7: So, from my perspective, relationships are foundational to my practise, partly because there is a huge amount of taught element that, in terms of, my own approach are kind of seen as role-modelling. And how to build relationships with people is foundational to kind of what we're doing, really.

F2: In terms of those first conversations, one of the things that we did, we made tutorials mandatory, every three weeks, so that we had that contact, we could build that relationship, the rapport

Unfortunately, many of the participants reported growing concern that increases in cohort sizes and tutorial groups were making it impossible to establish relationships of any depth or value.

F3: I'd say I am probably less involved with students than I was in the past, probably just because of the number of students.

I8: That [architecture] studio group started around about 130 students and for the last five years it's been around about 220 students each year.

I5: And I think what is challenging to us is we have very different numbers to what we had when we were undergraduates. I had a personal tutor and he was only looking after four of us. This group is 55 and that is challenging, you can't deal with them all.

This reflection on the impact of class sizes flowed in both directions. Those with small class sizes clearly recognised the value this added and indicated that small numbers made it much easier to establish and maintain relationships.

F2: We do have a good relationship with our students, because we teach in small classes and we cap the number of students on our course and so we always have very small cohorts in front of us, so you know them really well.

Without good relationships in place, participants suggested, it can be difficult to accurately interpret student behaviour, even if data monitoring systems are in place. Absence, for instance, was highlighted as a potential warning sign.

I1: Sometimes it is highlighted because they don't come to class for a few weeks.

F5: Often the first time you'd get any indication, is because they weren't there rather than because they were there.

However, absence can be misleading. Student non-attendance does not necessarily equate to there being a problem and attendance does not mean there are no problems.

F5: This [suicidal] student was very good with attendance, so it is not necessarily a 1-2-1 correspondence, it is not necessary that attendance equals interest or a lack of any difficulties, unfortunately it is not.

F3: I would say, for the vast majority of cases that I come across, come to me via the attendance monitoring system that we have, but I would not say that the vast majority of those are mental health.

The concern around cohort sizes, also led some participants to raise concerns about the greater probability that students may experience mental illness without anyone noticing.

F2: We can't pick up everything. We can't possibly. We have large numbers of students to deal with and if a student is putting on a front, how are we supposed to know.

F1: I think my fear with it is that I will miss something, miss a student that is at risk.

### 1.1.2. Student Disclosure

The data indicate that academics are regularly having conversations with their students about their mental health and wellbeing. These conversations are initiated both by students approaching their academics to disclose and discuss a problem and by academics, seeking to understand concerning student behaviour and prompting students to make a disclosure.

Again, participants stressed that there is no consistent, easily captured 'norm,' that describes how these conversations begin or develop. This variability adds another level of complexity to the overall picture – it is hard for academics to follow rubrics or processes, when students don't conform to predictable behaviours around disclosure.

F5: [Disclosure is] completely dependent on the student. I have one this year who will just come and knock on door and I don't say anything, and she'll just tell me everything that is going on. And then I have others who you really, really push and you find out.... I've had one who's said this year, "there is something up, but I don't want to talk to you about this issue, but I want you." He was kind of saying, "I want you to be there to support me with this thing, but I'm not telling you what the thing is." So, you are like???

As was noted above, academics are in a frontline role and students often approach them directly to disclose a problem and seek support. However, accounts in the transcripts suggest that these disclosures often emerge within conversations about academic work. This again highlights the difficulty of separating the academic and the personal for both students and academics.

I3: I'll meet with students and talk about their essays and so on and sometimes, it will come out almost accidentally that they're struggling or having difficulties.

F5: Students will come to me to talk about something, so it is either a module I teach, or it is one of my tutees and we'll spend 10 minutes on that topic and I'll think "I'm doing the good supervisor thing." And then suddenly they'll go, "actually I just have another really small question," and that's when they'll tell you something else that has nothing to do with why they made the meeting.

Responding to student need might be relatively easy if a student turned up in an academic's office saying, "*I'm depressed, I think I need professional support, what should I do?*" However, this rarely seems to be the challenge that academics are facing. Instead they describe more complex presentations and many feel that they often need to be proactive. Many participants described occasions where they only learnt about problems when they raised concerns with the student.

F5: Some students just don't want to talk. I'd say that is my biggest issue in dealing with this kind of issue, just getting the student to talk to me.

I5: It is quite difficult sometimes because the ones that are most forth coming are normally the ones who probably have less of an issue than the ones that hold it in

and sometimes for the ones that really, really need you, getting it out of them is like getting blood out of a stone. And it is knowing how to deal with that, knowing how to get that out.

Where the student has not disclosed, a number of participants elaborated the steps they will take to try to draw out the nature of a student's problems.

I11: I'm the sort of person who will dig, I am the sort of person who will say "*is there anything else you're worried about, are you struggling with other things?*" And try to drop hints about what I think might be going on.

Often these steps will begin with questions about academic related matters, such as attendance or performance, and this inevitably leads to the discussion of personal issues.

F3: I suppose, generally, I would try to talk about the question on the back of their report? What can we help you engage? Can we speak to your tutors?

F4: When you see them at supervisory meetings you ask, "*You've not been going to tutorials, is anything up,*" and as you say, they have a good vocabulary, some of the students have a very good vocabulary for discussing their own mental health.

Discussions on this subject also reflected the spectrum of comfort different academics have with holding these conversations with students.

F3: I guess my colleagues will say the same, [it] depends on the academic; some are more diligent than others, some are more trigger happy than others, they are liable to get this off my hands by saying this is a mental health problem and so hand it over.

Taken together, how conversations begin and unfold are determined by the student's willingness to talk, how they present, the academic's willingness to begin conversations and how this dialogue is then managed.

As an example of this, many of the participants interviewed were positive about the initial conversations they had with students, particularly when the student was willing and able to discuss the problems they were experiencing.

I1: I find these conversations easy, even satisfying. I feel like they open up to me and usually by the end they feel better and we have set something in process.

I6: I have a general discussion about whatever other problems they have as well as, you know, the academic problems. I don't really have a problem with helping students, I don't think. They may differ, but I don't think I have a problem, so yeah, I think they do like advice. I think they like that you are interested in their wellbeing.

But a number of the participants clearly did not feel this way.

I4: I have tutees in that group who have very specific problems, mental health problems, which I've been made aware of and with a couple of them, we've actually had to talk about that with them, because they have chosen to have that conversation with me. And that is a lot more difficult because I don't feel I'm qualified to go too deep into stuff like that. Because what I don't want to do is open up something I can't control. That's my main worry more than anything else.

I2: There was fluctuating weight which went along with that, which may or may not have been related, but that is a topic that academics are, you know, unlikely to breach. You know "you are putting on a lot of weight, is something wrong" is not a conversation I want to have or know if that is even a good conversation to have.

These conversations again reflect the ambiguous nature of the academic role and the fact that it is open to very different interpretations and practice. Academics are deciding how pro-active they will be in encouraging a student to disclose mental health difficulties. This means that students cannot be sure of the response they will receive if they turn to an academic for support. If a student is visibly struggling and unable to seek help themselves, some academics may ably follow this up, others can't or won't.

The transcripts present a picture in which academics are having frequent, complex and often challenging conversations with students about their mental health. These conversations require them to have a degree of comfort in discussing a potentially wide range of problems, the skill and insight to facilitate the conversation and to be able to provide an appropriate response – most often to signpost students to relevant support.

## 3.2 When to signpost – understanding the problem

There were differences of opinion as to when academics should signpost and what would constitute a reason for signposting to another service. The challenge is being able to identify that what is being presented is:

1. A mental health difficulty and strays from the normal student experience and
2. Would benefit from the input of a mental health professional.

Signposting clearly requires a level of triaging and empathy to the student and this is subject to differing interpretations across the academic community depending on experience, comfort and view of role. Variation in the speed and immediacy of signposting was evident in individual contributions, with some academic staff signposting as soon as they had any awareness that the student may be experiencing difficulties with their mental health.

F5: Because mental health problems are so worrying, my initial thing is to transfer them, to recommend they go and see the counselling service, and that is what I do for all my students if I think might be suffering from any mental health problems.



F2: I think that the programme, that I lead, we signpost very, very quickly. As soon as we realise that there is a problem, because we know that we are not qualified to deal with it, and we haven't got the time and we don't have the emotional capacity.

While others felt that they were in a position in which they could sometimes help students resolve temporary problems, without referring them to services.

F7: Some of them only need to come to you, they want to come to you, it might take a couple of weeks of seeing them every other day, and you'll see them over that little "blipness," is that is the technical term?

I6: I'm quite happy talking to students, exploring issues if they want to explore them. I'm quite open to a whole wide range of things they might be experiencing, so that is not an issue really.

When to signpost, therefore, appears as a potentially grey area, which the academic is required to negotiate alongside blurred boundaries and an ambiguous role. This is further complicated by the fact that many struggle to differentiate between mental health problems, normal stress, situationally caused lack of motivation or academic anxiety. Participants described the challenge of trying to differentiate mental health problems from normal variations in student behaviour.

F6: I find it very difficult to know, it is almost on a case-by-case basis and it is only when you are really, really worried and they are sitting there sobbing or you really feel they are distressed and you need to do something right now, there is a whole grey area.

F3: Currently, I've been approached by a student, I didn't realise, but she has had a medical diagnosis of anxiety, but when she was talking to me about how anxiety makes her feel, I thought, oh gosh, I haven't experienced this. You know, it sort of, it was outside my understanding of anxiety and how that can make one feel and the implications on their life. So, I think sometimes when you hear a student say, "I'm feel really anxious" but it is our interpretation of what does that mean and when does it become a mental health issue or is it a normal part of life?

Despite the difficulties in differentiating normal experience from mental health difficulties, some participants felt that their institution expected them to be able to make these distinctions, so they could select the service that would be most appropriate for the student – e.g. whether to send a student to Student Services or Study Skill Support. Many of the participants felt that this skilled and nuanced triaging was beyond the reasonable expectations of their role.

F5: We do seem to be triaging, we don't have the skills to be doing that. How do I know, if my student has got anxiety because they are worried about an exam and just need some time management and revision techniques or because they have some underlying mental health problem, which is not going to be helped by visiting the study support centre?

However, it should also be acknowledged that on many occasions, participants identified that signposting can go well and achieve positive results.

I1: So, when I tell them, first register with the counselling service, there is a disability office, you can go to the Chaplin, you know, and they feel relieved, so usually they end up crying and overwhelmed and walk out saying, "I feel so much better," and that is a very satisfying thing. If I can make them feel better.

### 3.3 Encouraging students to access support

Rates of help seeking for mental health difficulties are low, with studies indicating that only 30% of individuals with mental health difficulties seek professional help [15]. Rates of professional help seeking are comparable in the student population [9].

The transcripts detail a number of reasons students do not want to seek further professional help, having disclosed a problem to an academic, including stigma, self-perception, fear of an anonymous service and a desire to contain personal conversations within a familiar relationship.

Stigma and self-perception were referenced as common barriers that prevent students crossing the threshold of a professional service, having spoken to an academic. For some, disclosure to an academic can feel like an informal, non-deterministic act. Whereas, approaching a service can feel formal and require a clearer admission that the problems being experienced are real, with the potential for a resulting diagnosis.

F3: The difficulty for me is when you have someone who you are going to signpost but they themselves might not want that label of having a mental health issue. And then they worry, if I go for counselling, will that be put on my reference... or be stigmatised, I think that is the difficulty in how it is perceived, I say, "I don't need to know you have gone, it is completely confidential, you can self-refer, you know, I'm not referring you," um, but there is still this thing, if I go, am I being labelled?

F5: We are told to do this, well signpost them to Student Services. But it is actually a big leap for a student to, sort of, even cross their threshold because you sort of, have already identified that you have a problem and you want to do something about it and there is a lot of stuff that has to happen before you get to that point.

The fact that the student already has a relationship with an academic can also appear as a barrier to accepting signposting. Students can be unwilling to give up the familiarity of the relationship they know and seek support from an anonymous service.

F1: They identify with you being someone they can communicate with and the idea of involving other people and having to repeat themselves and go through everything again is more challenging to them than the idea of just coming back to you, which can be difficult to manage certainly.

F2: One the difficulties is, when they come to you, they don't really want you to send them somewhere else and even though you know you've got to send them somewhere else, it is not a conversation you can have.

As a result of this, many participants reported that even after signposting, students continue to seek support from them.

I3: I think that's a really individual thing about how comfortable a student will feel with you, so I have some students that will come back to me a lot.

For academics, their own desire to support and not reject students can create an additional complication. Participants described difficulty in being assertive in signposting when students are distressed because of concerns that 'something will go wrong' if they turn a student away to seek support elsewhere.

I3: There are very few people who, if a student was having really bad difficulty and a lot of distress, that would just say "*right here's the telephone number for you to call*" it just wouldn't happen like that.

F4: It is really tough actually, and in the cases I was mentioning earlier, having spoken to people in the front office of my department and them sort of saying "well even the smallest things can trigger students to self-harm or whatever, and even a declined request of additional time on an essay or something like that can be the one thing that pushes the student towards the other side, and you think, in light of that, I'm half an hour into this meeting, should I tell this student that I want to have lunch and that we should meet again another time. You know, it's like if that small rejection might have been a huge impact last week, I can't just turf them out now.

A number of participants outlined how they find putting boundaries in place creates a sense of personal guilt, raising the question "am I doing enough for this student?"

F2: The signposting is like passing the buck, you want to know that you've done enough to get them there and not just go "*yeah I'm not trained to deal with this, you need to go to wellbeing,*"

I10: It does feel like you're pushing someone from pillar to post sometimes and that's I think what we struggle with, but then I keep reminding myself we've got experts here, we've got counsellors in that service and experts in that over there and they're better placed, their time is there for that and it's hard.

F5: I can't just stick to my academic role, if you see a person, it is a human being, it doesn't matter if it is a student, it is a human being, if you see them falling apart, I can't just guard myself behind this academic role, I can't do that, so, whether you like it or not, in most cases, you go into that role of becoming a psychologist, or at least someone they can confide to.

Beyond concerns for student wellbeing, some participants simply felt that they lacked the skills and experience to end a conversation about mental health effectively.

F5: The thing I struggle with, say I've got a student and I'm triaging, I'm saying "go to Student Services" but they are not leaving your office. Because they are crying, or they are just sitting there. I know it sounds really awful but as a person I've kind of like, I've listened, I've done what the university says I should do, I've showed you the things, but I can't... how do you end those conversations that are really tough and the conversation is saying "I've heard you, I've listened, I've noted, I'm trying to get you to the right place," I struggle with that, you know?

As a result of this, some participants acknowledge, that they find it difficult to maintain boundaries and this undermines the effectiveness of their signposting.

To overcome some of these barriers, participants detailed strategies that they have developed to get students to appropriate services. These strategies often entailed supporting a student to access support or even accompanying them to make or attend appointments.

F2: You always signpost them on, but even if you've, if you've not been able to escort them down, because we often escort them down to make sure they turn up, but if you have to say to someone "*you need to go and see them*" you get an email and think, I'm not sure you have, so I'll start copying in student services and such to make sure it is this person, so "*I'm trying to put you on the right track here.*"

I5: It is amazing how many want you to hold their hand and go with them though.

However, a picture clearly emerges in which academics often find it difficult to ensure that students are accessing support from appropriate services. Further, students continue to seek support from academics, even when they have accepted signposting. This pressure, on what are already unclear boundaries, creates a level of risk and uncertainty for students and academics. For most of our participants all of this is further complicated by a series of practical factors.

### 3.4 Practical barriers

For signposting to be possible, there must be available, accessible and effective services, to which students can be signposted and that academics know, understand and can rely on. This was not the experience of many of the academics interviewed. Participants described situations where they had continued to provide direct support for a student because they felt other services were inaccessible or unreliable.

Participants seemed unclear on exactly what support was available to students, beyond a sense that there was 'something over there.'

I7: I don't know really. We know they're over there, so that's all really, and we're over here. So, there's no context for having regular conversations with them.

F5: I don't know exactly what happens in Student Services and what their specialities are.

There were also references to the fact that it can be difficult to persuade a student that they will benefit from seeking further support.

F5: I think this is a very important point, like, how you communicate these things to the students, it is like making them understand that those services are there for them to use.

This is further complicated if there are real or perceived delays in students being able to access support due to waiting lists or if there is a perception within the student community that the service provided is of poor quality.

F4: You say, *"Go and speak to these people,"* and students will say *"yes I have, but they have a waiting list, or they are useless, or I'm afraid of what they'll say"* so they come back to you.

F3: I've found, that there is a lot of scepticism about the counselling services, the waiting times have extended 4 weeks at least, I often see students who I'll say, "you must register, you must make an appointment," and they already have an idea in their head that it won't be worth it, they've had a story from someone else who has been and they didn't have a good experience or something like that, and that is then very hard.

Finally, if students do access services but do not feel it is beneficial, they tend to return to their academic for ongoing support.

I14: It's frustrating, massively frustrating when you get a student come to you to say, *"I've been to Student Services, didn't like it."* It's like, what next? That's how I feel that actually at that point, hands are tied, what else can I do? Essentially, I could sit with you in a room for 3 hours and we could just chat but actually I'm not trained to do that, I'm not the right person to do that, and someone actually said that to me once, they said *"I trust you, can't I just come and talk to you?"* I said, *"well you can talk to me, but we can't have a therapy session because I'm not trained to do that."*

For signposting to be possible and effective, it is crucial that there are effective and accessible Student Services, who are responsive to student needs and academic requests. The evidence from our participants suggests that this is often not the situation. Instead, the relationship between academics and Student Services is, in fact, often problematic.

## 4. Academics and Student Services

It is clear from listening to our participants that the relationship between academics, academic departments and Student Services is crucial, for academics and students. We found high levels of distress among participants where there was a perception that Student Services could not cope, were slow to see students or provided ineffective support. From the other perspective, participants appeared better able to manage student distress and maintain boundaries when they felt able to rely on Student Services for support. The relationship between academics and Student Services was variable, but many described a Student Service that they felt detached from and knew little about.

I7: There is a large and well-publicised Student Services, but the kind of relation shared between what we do and what they do is... I don't know really. We know they're over there, so that's all really, and we're over here.

A number of sub-themes emerged, in this area, that appeared particularly important to the participants. These included the apparent accessibility and effectiveness of available support and the relationship and understanding that exists between academics and Student Services. We address these themes in turn.

### 4.1 Waiting lists

Across all the institutions visited, concerns were repeatedly raised about the capacity of support services and, in particular, about the impact of long waiting times for students to access support. This was seen to have negative consequences for both students and academics.

F4: Oversubscription is a huge problem. We do have a university counselling service, but we've had messages every term this academic year saying that they are oversubscribed, and the waits are too long and blah, blah, blah. So, in theory it is there, but woe-be-tide you if you have a crisis at the same time as everyone else.

F5: It appears that our counselling services is quite short staffed or short of resources and that worries me as an academic, because when I refer somebody and they come back to me and say, "I couldn't get in this term," then what is the point in me recommending them?

I1: Staffing and counselling is extremely important, if you come in and have the guts to say to your senior tutor, I'm depressed, and then you have to wait two months, those two months are important, usually it is the beginning of term, two months later you could be dropping out, if you got in with a counsellor you might not be dropping out.

Participants clearly felt that when Student Services did not have the professional resources to meet the mental health needs of students, untrained academic staff are required to fill the gap.

F2: [My student said that they had been given] an appointment in three weeks. I wrote to wellbeing saying "really" and they wrote back saying "*yes, sorry at the moment the waiting list is three weeks or something,*" and I'm left with this student, we were sat down in Starbucks, with him crying his eyes out, and he goes to see the counselling service and gets an appointment in three weeks, and I was just left with...

I1: They shouldn't have to be suicidal to get an appointment. And that I find a problem, because like I said they are like, "*Can I talk to you, can I skype you?*" And it is like, I'm not a counsellor. I don't want to be in that role.

This results in potentially unwell students receiving ongoing support from non-qualified academic staff, weakening appropriate boundaries and placing both academic and student at risk, should the student's health deteriorate.

Legal advice to the sector has been consistent, in the last few years, in stating that, if an academic provides ongoing support to a student and this goes wrong, the support they provide will not be judged against the qualities of a well-meaning academic but against that which would be expected from a trained and experienced counsellor. From the evidence gathered here, gaps in service provision are placing academics in situations that leave them holding this risk.

## 4.2 The effectiveness of support

Similar concerns were highlighted when participants discussed students who had accessed support but found that it had not helped them. In this situation too, many students appear to view a return to their academic for support, as the default option.

F3: Some students say it is not really helping and then that is an anxiety.

F5: P1: I have had students come back saying "*I went to talk to this person and actually it wasn't very useful.*" P2: Yup, that is very common, I've had that too.

I1: I would like them to be moved into counselling and then hopefully, I'm not, I'm supposed to be dealing with emergencies, but they tend to get tossed back on to me, because they say, "*I haven't heard from counselling,*" or "*it didn't work out,*" or "*he cancelled,*" you know

Some suggested that there was a lack of breadth of flexibility in the offer available to students. In the experience of the participants, if the form of counselling provided did not work, there often appeared to be no other formal options for the student within the university.

I4: I know that there is a counselling service available. I don't know how effective that is in delivering counselling for students. Some of the students say that it's been really good for them, others have said that it didn't really give them what they're after. I don't know whether it's the right thing for everyone.

F5: I think we also need more specialised [support]... I don't know exactly what their specialities are, but just from some issues that have been raised with supervisees this year, there are certain things that happen to students on campus that cause mental health challenges and having to investigate myself to signpost students, actually the help they require is outside of the university, so I'm thinking about sexual abuse and things like this.

Given that research has consistently highlighted that counselling or psychotherapy does not result in significant improvement for a large proportion of the population, this is a valid concern (estimates vary but it has traditionally accepted as usual that 20-35% of those accessing counselling, of any modality, receive no benefit [16]).

In one or two instances, participants also queried the quality of the provision provided. However, this was rare.

I9: And in truth I think they are under-trained as well...I mean there was one student that I had to make a promise that she would not have to deal directly with her.

Whilst there are problems with waiting times and some students not benefitting from support, many of the participants had a positive view of the work Student Services do with students.

I8: I think the staff who support it are excellent, they're very good staff.

F3: I think if a student does engage with the counselling service and often they will say, this has been really helpful and that elevates the impact, you know, they have gained some help and that is good.

Some institutions have tried to respond to the need for alternative support, beyond counselling. However, from the perspective of our participants, some of these roles were seen as 'non-professional' and consequently raised a degree of scepticism.

The general feeling among participants was that they wanted to be able to signpost a student to Student Services and know that they would receive any ongoing support that they needed, that the service would be flexible enough to respond to the needs of different students and that responsibility had, therefore, been transferred from the academic permanently.



## 4.3 The relationship between academics and Student Services

Alongside concerns about capacity, there were reports of variable relationships between academics and Student Services. A number of participants outlined a challenging relationship with their Student Services and suggested that managing student support would feel easier if there was at least more of a relationship between departments, if not some degree of formal integration.

For some, these problems seem to stem from the fact that, in many places, student support itself seems fragmented and difficult to navigate. Some participants felt they did not have enough information about what Student Services did and were often left to join up the dots in a support system, so they could piece together appropriate support for their students.

I2: Even finding out what services were available was more challenging than I expected, maybe because the university's website is a black hole of... it is what it is... seemingly with no interest in repairing it, but that is what it is.

F4: Again, keeping stuff on the web, the intra-web is quite labyrinthine, it is actually very difficult to find information there. Like, when I rang there, they said, "yes, I'll just send you, I'll get the link for you," and then they'll say "actually, I'll come back to you, I'll send you the link when I've found it." And actually, they are the ones responsible for that section of it, and for them it is not automatic, so how it can be for us, and I feel the university relies too much on "look at the web, look at the web," when that is not the answer, what we need is people.

F4: The resources are there, but often they are not coordinated, there is a mix of department, college and university, and then, for students who are living off campus, they may have a GP who has nothing to do with the university. So, there are those four corners to deal with. If you are lucky and contact the right one first, they can kick in the other ones into gear, but you have to be quite smart with how you align the resources. In theory, the resources are all there, "on the web," they are on the site, but they are oversubscribed, or they are not connecting very well.

Many of the participants felt that there was little communication between them and Student Services and expressed an opinion that support would be more effective if this was improved.

F7: I want to say that I want our channels of communication between our Student Services and our academics to be, reformed, feedback, more open, we need some more communication.

I7: There's no context for having regular conversations with them. Again, it's mental health practitioners, I'd thought 'oh yeah that would be right for some helpful conversations', but I think they kind of view us as academics and they kind of see, you know, potential confidentiality issues.

This was particularly the case when discussing individual students. Participants consistently referred to the fact that support for the student is rarely joined up between the academic and Student Services. Once an academic has signposted a student, they often don't know what has happened after they have 'disappeared into Student Services.' While most participants understood that Student Services don't communicate with them about students because of reasons of confidentiality, this still seemed to sit uncomfortably for many.

F7: We don't know because students disappear into Student Services and that is the last we hear of it.

F7: It is Student Services, that big black hole over there.

F1: I'm not saying this is wrong, because I know it should be confidential, but I know if one of my students does get involved, the only way that I personally would know what was happening is if a student told me, which sometimes worries me slightly, because, even if I didn't know what was happening, I'd like to know that the student was continuing with it, even if I didn't know exactly what was happening, I'm quite happy not to know the details.

Some participants seemed to find it difficult, when they discover that one of their students has been experiencing mental illness and receiving support without them being aware that there was a problem.

F7: We talked to them, we want to know what is going on. We don't want to just see it in the mitigating circumstances committee at the end of term. I want to know what is going on. Obviously if they want to keep something confidential that is absolutely, of course, it is just to be aware, if there are factors around, you don't want to know everything, but you want to know something.

Whilst these concerns were expressed in all institutions, there were a number of participants who had been able to build working relationships with Student Services and were able to highlight the benefits this had produced. In these cases, they felt they could reach out to Student Services to access support and advice themselves, to help them manage specific student issues.

F2: I have a really good working relationship with one of the senior members of staff in Student Services, but it has been after a number of difficult situations, but now we do and we have this great relationship where we are able to discuss things, in terms of this doesn't seem to be right, or this seems to be slipping through the net, what can we do in the future and we are both working towards the same goal, so that works well.

I2: I feel like, the head of counselling is phenomenal, she responds to emails right away. And then there is this guy who deals with the risk procedure. He is brilliant. I was meeting with this student who had been belligerent to staff and I actually had to lay down the law. He literally gave me a course on the phone on how to talk to

him, how to greet with him, and it was phenomenal. I actually suggested he do a course like that for staff because it was so useful.

However, as these contributions make clear, relationships such as these often appeared as ad hoc and variable, sometimes as the result of specific incidents and are not replicated throughout the entirety of their university. When pushed to think through resources available to help them manage student mental health, most participants did not consider contacting Student Services for advice. A few noted that this was not a realistic option.

I3: They don't really have the resources to deal with the students let alone reaching out to staff as well.

## 4.4 Gaps in Perception and Understanding

The transcripts made reference to differences of opinion between academics and Student Services on specific subjects or areas of concern. There were, for instance, differences of opinion around what constitutes a crisis and the urgency with which students should receive formal support.

F1: What about the student who comes in talking about committing suicide. I think, it feels to me like we have got referral systems but they are not safe for someone who is in an acute situation. It is about building in what the university can realistically do. I don't think that referring someone to the counselling service is safe.

F2: I had two instances where I thought, having signposted them on, the levels of support were just nothing like they should have been, one of them, they were both about delays, needed dealing with immediately, it was about sexual abuse and bullying, and it went on for nearly two weeks and at the last minute the meeting got cancelled and the girls were left in the same flat with the same student and I was just left with... until I wrote an email saying "do you care, bullying, sexual abuse..."

F5: [They were not in immediate physical danger], they weren't cutting, they weren't going to A&E, so Student Services was like "Oh, we'll get an appointment, we'll wait..." and you were left there as a person, as a HUMAN, going "This is somebody's child! I know I don't have a duty of care, but I'm worried about this person and there is nowhere, literally nowhere to go."

There were also a number of concerns raised by participants that Student Services professionals do not always understand issues of academic integrity and occasionally undermine academic credibility.

I5: So, we have tried every which way to try to do the presentation that she [the student] would feel comfortable with. And Student Services didn't really want to hear. They wanted to change it and they wouldn't listen to the fact that I was saying "I can't." This is the module remit. This is what we have got to do and in that setting. I felt very un-supported because they wanted me to change everything and in the end, it was me and the student who worked out what would suit the student.

These concerns were raised around the process of extending deadlines due to extenuating circumstances.

I8: What we seem to be finding is there is a culture of extenuating circumstances and extensions because someone's stressed and this sort of stuff and we have a healthy cynicism about that.

I9: Our main interface with Student Services is over the issue of mitigating circumstances and sometimes our interpretation of what is going on backed up from academic evidence, differs hugely from their interpretation of things.

That said, once again there were a smaller number of examples where positive relationships were described and academics and Student Services were able to work together positively on larger issues, such as academic delivery.

F2: Having the full-time people from Student Services standing up with academics at [a workshop for students], meant that the relationships were essentially there. Because we had had a few days with the first years as well, but hearing it from us and seeing it from us, with us standing up there and facilitating, meant that they associated it with us as well, it wasn't a chuck in, one off, that is Student Services, tick that off. It is embedded in our programme...

Overall, participants suggested and supported the idea that a closer relationship between academics and Student Services was highly desirable. A number of examples from the transcripts also indicate that such a relationship is possible and, when it does exist, it provides real and tangible benefits. However, as yet this does not seem to be something that is regularly embedded across universities. Some participants suggested that to achieve this there would need to be a clearer overlap in structure.

F5: P1: It would be great if there was one person appointed as a department, not as a whole, because this is a massive university and most universities now are just expanding, they are big institutions right, and is allocated and can be the bridge between you know, tutors and Student Services... P2: It could be a psychologist, P1: ...it could be a GP, a practitioner, not necessarily an academic, to become that person that I can go to, and say, "look, this is what my student looks like, this is how they are behaving, I think it might be this, based on my training, but you are the specialist, tell me, is it a case that needs referral or not," so you have someone in between who can cover that gap. So that you don't get panicky.

## 5. Impact on Academics

Throughout the transcripts, participants highlighted the impact that supporting student mental health had on them. In the main these impacts were described as negative. A number identified times when they felt overwhelmed and out of their depth in trying to respond to student problems. This resulted in adverse consequences for the wellbeing of academics, their time and their work and careers.

### 5.1 Impact on Academic Wellbeing

There were repeated references to the negative impacts that academics believed this work had on their own wellbeing. Responding to the range and complexity of issues that students present to academics, was seen to have ongoing cognitive, emotional, relational and practical effects.

Participants referenced the fact that they often found it difficult to switch off and worried about the safety and wellbeing of their students after work, in the evenings and on weekends.

I1: But I did get in over my head because we had seven, not suicidal but bordering on that language, and that felt scary to me. The first time this happened, we were about to go on break and this was an undergraduate who was not going home.... So, I had a bit of, I wouldn't say a crisis, but I had to call the heads of the counselling service, I, you know, I thought I should bring him on vacation with me, I was worried that something would happen when I was gone.

F3: Very often, if we get a student in distress, for a lot of colleagues it will have impact, and often you go home and you think about it and you wonder if you supported them appropriately and I often think, where are they now, and are they okay and you do and I think it does have an impact.

F4: So, I had a situation in the last couple of weeks where I had to travel, despite having a tutee in a very difficult situation, I had to travel for three or four days away, and while travelling, all I could think of was what happens to this person while I'm away. And I thought, I'm not their parent, I'm not their doctor.

Difficult and complex incidents and students requiring ongoing support were seen to have negative consequences for the emotional wellbeing of staff.

F4: When we had the suicidal case in the autumn term, the individual member of staff who first dealt with that, it was extremely stressful and painful for her, the effect on her was actually quite considerable and then it drew in me, the head of a department and the administrative staff, and we were all involved intensely for a couple of days working out what to do and then it has been spread continuously across the course of the year since then, so it has a real effect on staff on their mental health...

I11: I had no idea at the time that all that was going on, all I knew was that this student had failed my module and gone and taken an overdose when he got the results. He wasn't successful, that also helped, that he did pull through it and that he's now seeking help. But the fact that I could have been partly responsible for his death just really floored me. And it took me 2 or 3 days to really get my head back into work I took Friday to Wednesday off because I couldn't have come in on that Monday if I'd tried. That one really hit me so.

F5: If you don't have that background, it is extremely difficult, and even with that experience, I feel stressed about it, so you end up stressed yourself, and then I don't know who needs more help.

In some cases, staff suggested this work could have substantive impact on their own mental health.

F3: It is kind of hard to measure, it is in my case anyway, I've just recently had a resurgence of my own mental health struggles and the timing of that coincided with dealing with a supervisee of mine, whose housemate had committed suicide. At the time, I didn't feel that had had much impact on me and there are certainly lots of other things that helped to trigger my own mental health problems, but I think I it would be churlish of me to say that there wasn't something there, and I think support is as important for us as for our students.

F7: This term most of my time has been with pastoral issues, a huge number of hours and it is extremely exhausting and bad for your own mental health.

Some referenced the fact that worries such as these can also impact on sleep and there were frequent references to the fact that this work often resulted in academics feeling tiredness and exhaustion.

F2: I didn't sleep that night because I didn't know what had happened to that person.

F7: It is exhausting, I had someone in my office who was crying her eyes out for two hours, but in the evening, I feel I must check in with her, so I send her an email... It impacts on our wellbeing. It is exhausting.

There were also suggestions that the impact of supporting student mental health extend into the home life of academics, having a disruptive effect on relationships.

I11: Big impact at home. I get in a lot of trouble at home for spending too much time here. Yeah and I get in a lot of trouble for how much time I give to my students so, well, it is not fair to say trouble. I mean, like at weekends and evenings, when you are working and you are not doing stuff that you should be doing with the family.

F4: It is much more of a personal impact when you go home and try to disconnect from work, that is when you sense it, and you realise, "Huh, it's funny that I'm talking about this at home at the dinner table." That is interesting. There is like emotional labour, and it is not just mine, but my academic spouse who has to deal with so much.

A number of participants stated that they often feel isolated.

F7: I find [the university], myself, one of the most isolating places that I've ever worked.

Looking beyond isolation, a number of participants felt that the way in which their role was structured and supported was fundamentally bad for their wellbeing.

F4: We have an awful lot of structures in place to allow students extenuating circumstances and what have you, but the academic calendar is completely relentless and we are totally unequipped to deal with staff who go off sick on stress. So, you know fine well that if you were to bail out for three weeks because you yourself were having a crisis then everyone else would be in deep trouble, so the motivation is not to do that. So, it does break people, it really, really does break people and I think that is a huge problem that the university just does not recognise.

F2: INT: **So, what happens when your work load exceeds what you are capable of?**  
 "Well I just work until two in the morning."

## 5.2 Impact on Time

Participants mentioned the large amount of time that supporting students absorbs.

I3: In practical terms, it can become quite time consuming, there are students who are just, almost in constant crisis I guess.

I8: I suppose I'm thinking of student who, something goes wrong and you've got to unstitch a particular problem that does take a lot of time but it also becomes part of my role and it will take up a lot of time. It becomes a reasonable portion of my job.

F4: It is hard work. It is hard work, and as you say when you get into an extended conversation with student that lasts, I've got one this term that has been one slightly low-level crisis after another, for a whole term, then it becomes a massive time sink.

Most participants felt that this time was invisible to management and not properly considered by workload planning models, where they existed. Most suggested that the time notionally allocated to meeting with students was seriously underestimated.

I7: It's really interesting because I get allocated a certain amount of time per student, which roughly makes about, not more than an hour a year really. The realities of the job just absolutely don't reflect that at all by any imagination. Just like, perhaps, someone like a fantasy figure, someone with a spreadsheet worked out somewhere.

F5: But I don't think that it reflects what happens in reality at all. And that applies to all aspects an academic job, but when it comes to student contact time, it is not reflective. I have students who are supposed to come in for 10-15 minutes and I end up discussing with them over an hour and you can't just say... Okay now, it is not a medical appointment where you have this dedicated 10 -15 minutes, it is much more dynamic. So, I can't just say, "Okay, done, bye." So, you end up spending much more time, which is fine, as long as this could be reflected in your overall workload. I would be fine with that, but it doesn't.

Participants also referenced the fact that the amount of time needed for each student was variable and entirely unpredictable, as some students would need minimal contact, while others required significant time, either in one go or in ongoing conversations.

F5: It is impossible to do, because you cannot predict, most students that I supervise are fine, no bother, but occasional you get one or two that take a huge amount of time and I don't know how you plan for that.

In the main, participants felt they were spending far more time on supporting student mental health than their university acknowledged and that this was squeezing out their ability to concentrate on other things, such as teaching, researching and their own wellbeing.

## 5.3 Impact on Work

Although a small number of participants were keen to stress that the support they give to students did not impact on their ability to complete work, this was a minority experience. Most of the participants explained that the impact on wellbeing and time made it much more difficult to be able to engage with the rest of their job.



I1: It is definitely harder to get as much work done. And I find it a bit of a burden.  
Yup. Because it is a lot of students that I am keeping tabs on.

I5: I do try to spend as much time with them as I can, but that compromises everything else and sets me back on my paperwork and everything...

Given that, as was noted above, students chose which academics they approach for support this can have a disproportionate effect on those staff who are perceived as most approachable, leading to a higher workload for some and the potential for longer-term impacts on research careers. In other words, those who do most to support students may be disproportionately affected by for it in the longer-term.

## 6. Resources and Support

When asked if they felt they had sufficient preparation, resources and support to be able to effectively respond to and manage presentations of student mental illness, the responses of participants were blunt and bleak. Their answers revealed feelings of isolation, abandonment, fear and anger.

I9: There have been so many things that have happened that I have not been prepared for.

### Preparation for the Role

In general, participants felt they were not equipped or supported to respond to the number and severity of mental health problems they were encountering. Participants appeared to have little or no training either in mental health or in how to support students generally.

I5: Have I had training? No, none at all. Increasingly I get concerned about helping them because it is literally based on personal experience of trying to calm them down, look this is what it is like, here is the benefit of hindsight, trying not to be condescending, just trying to calm them down, talk them through it a bit, but with respect to actual skills of doing it, no I don't feel equipped.

I2: I didn't receive any training for this, so I had to go with what I thought was right.

F5: You do have to learn on the job, [everyone chips in to agree.] there isn't any training to be a personal tutor.

As a result, participants described relying on personal experience or experience developed over time in the role.

I7: How you learn about being an academic is by doing it. So, the first couple of experiences I had, I spent a lot of time fumbling about not knowing what I was doing and having to say to the student "okay I'm learning too so bear with me, it

might take a little time – I might look like I don't know what I'm doing because I don't know what I'm doing."

I5: We've never had formal training. It is literally based on personal experience and just trying to reassure them that it is not the end of the world.

I1: So, most of it I would say, honestly, is from personal experience, I've had depressive people and anxious people in my family, so I know how to deal with it.

This appears to leave new academics particularly vulnerable. This vulnerability was referenced throughout the transcripts, both by more experienced academics reflecting on how difficult they found the role initially and by new in post academics.

F5: ... that is fine if they are generally okay and you are working things out, and then something happens, but if the first meeting you have with them and it is your first tutee says they want to kill themselves, or something, you go, "okay!! Let's have a look!"

I10: I think probably the first couple of years I think you're not sure where your lines are sometimes: Where do I listen? Where do I stop listening?

F5: Having just started this role as pastoral supervisor in the autumn, I never got any induction of how to deal with this, so signposting is fine, as long as you know where to signpost them. I'm better at this now than I was in the autumn.

While the evidence from more experienced academics indicates that over time, some individuals do manage to develop the resources and skill to be able to survive, it also highlights that, while they are gaining this experience, students are receiving support from untrained, inexperienced staff, who are unclear about their role and boundaries and liable to make a mistake.

Some participants suggested that they had been asked to take on a role that differed substantively from the expectations they had been given. The role was described to them as "academic focused" with a few meetings a year. However, this was very different from the subsequent experience.

I9: The boss said, "Can you be a personal tutor?" and I said, "Yeah, what does it involve?" and he said, "Basically you just have a chat with them about how they are doing, every six months about how they are doing academically and then pastoral stuff" and there was a 2-page sheet or something about something.

Lack of preparation for the role left many of the participants feeling vulnerable and was also reflected in a range of fears expressed by participants that they may get something wrong with potentially dire consequences.

In particular, participants stated that they were often worried about what might happen after a student left a meeting with them; they were worried about saying the wrong thing and making the situation worse (thereby increasing risk); they were worried about missing signs or problems,

which might lead to a student becoming unsafe. Participants described worrying about students outside of the office.

F2: There is a 'Dangerous Minds' moment, if you saw that movie, where that student goes to the tutor, needs help, but they don't knock on the door, they just walk in, so they send them away and that person ends up being shot and killed and you think, if that person is coming to you because they want to come to you for help, you are the person, and you going, I need to sign post you over here, it is like that bridge, I don't know if they are going to go, so I always make that link in my head with the movie, if someone knocks on my door, I'm going to answer it and make sure they are okay before I send them away because I don't know what is going to happen after that point.

F5: It is tricky, and the lines are very blurred and that means you are constantly wondering, am I doing the right thing, am I over stepping the mark, am I doing the wrong thing? Am I doing a potentially dangerous wrong thing? It is hard.

I4: The fear I have in situations like that is sparking a lot of negative feeling in someone and them not being able to handle it formally, and walk away in a worse situation, perhaps potentially do something silly, like give up the course or run away for a week or whatever... or worse than that.

## 6.2 Support for Staff

We asked participants who they turn to for support and what resources around them they can draw on for help. Most of the participants expressed the view that formal support for them, in responding to student mental health needs, was limited to non-existent. In the main, support seemed to come from colleagues, where academics were lucky enough to be in supportive teams, or from family or friends.

I2: It was a very unpleasant experience and the university provided unbelievably limited support all the way through that process.

F1: I mean it feels to me there is not a lot of support for us, but there is support for the students, so I would draw on the support for the student, but I don't think there is necessarily support for staff here.

I7: Not really. Other than the usual corporate 'you'll do a fantastic job' kind of thing, which is what you get in the organisation really, 'carry on, it's all good'. But nothing more detailed than that. The team, whom I kind of known informally, I'm very lucky I work in a hugely supported team, really well-functioning, our manager is great, really supportive. But I'm aware culturally within the rest of the department that we work in, and certainly the wider university, it looks to be pretty much an anomaly.

I5: So, I feel that I've had limited support, very limited support. So, I haven't really had support with the student, I haven't had support with the module, I haven't had

support with the teaching. I feel it has very much down to me to recognise what needed to be done and in that setting it was very much down to me to shout for help.

Some participants baldly stated that they had no support available to them. There was a general feeling among some of the participants that many managers do not acknowledge the demands of supporting student mental health.

F5: INT I'm **wondering who supports you?** P1: NO ONE. P2: No one. P3: Literally no one.

F4: There is often the assumption that staff cope actually and somehow you do it and you know, it is a fairly lazy assumption, it might have been okay 10 or 15 years ago, but I don't think it applies now. I was aware for us that if something terrible happened you wonder how much support you get then, or would people be looking to point the finger at someone.

Some participants did report the existence of structured senior roles, (such as senior tutors) that are designed to support academics.

F1: So, within the faculty, we have a senior tutor, someone who has overall responsibility for the tutor role, someone you can go to who has got that level of expertise and interest.

I1: The senior tutor for the school is fantastic. And the head of the counselling service and the person running the 'at-risk' system. They are great at the job.

However, few participants referenced this type of more formal support and one or two acknowledged that it was limited in scope.

I3: We could go to the college senior tutor; so, personal tutors in the department will come to me with something and then if I don't know how to do it I will [give it to them]. But in terms of emotional support, no, there's no kind of system for offloading.

A number of staff referenced a need for some form of support to offload and gain advice and reassurance about the next steps to take. While participants often used colleagues for this, they acknowledged that this was not without problems. In particular, concerns about confidentiality appear to create a significant barrier to academics reaching out for support.

F6: P1: We talk to each other about these things. P2: But I do think that is a confidentiality issue. P3: There is a massive confidentiality issue there. P1: But I guess we use that as a means of informally saying, "Shit I don't know what I'm doing, is that the right thing to do? What would you do?" it is a means of providing some kind of support.

In terms of other possible support to help manage the emotional impact of supporting students, there appeared to be limited knowledge of staff counselling services.

F5: I guess in an ideal world I'd like an open door for university teachers, I want to know that there is a point of contact if I do freak out, by freaking out for my students, knowing that there is someone who will pay attention and will listen. I have wonderful colleagues, really I do, when I talk about these things, I feel like I'm the only one having to deal with these difficult students, and then they are like, "no it is all of us," so I can't tax you, because you are already taxed with whatever you have to deal with.

All of which suggests that for many academics, whether or not they feel supported is reliant on the pot luck of being in a good team, with a good manager or having resources outside of work to sustain them.

I13: I would chat to other members of staff who interact with the student routinely, but that would not be particularly for my emotional support, but that is probably again with a focus on the student. My partner, you know, spread the joy [all laugh] – I think your own personal support mechanisms become important then.

## 6.3 Information and clarity around procedures

Participants noted that while they think information and guidance on how to manage specific situations exists, this is not always easy to find. Some noted that while they are aware of information online, they don't have time to search through this;

F1: There is an e-learning site for personal tutors, I've never looked at it... I don't think it is about us not wanting to look after our students or anything, but all of the other things that we are trying to do as well.

F6: I want information cascaded down to me, not that I have to go and trawl the internet to try to find information that might be relevant.

Others stressed a frustration with the assumption that simply providing more information would help;

F6: There is lots of personal tutor stuff online now because they overhauled that and now there is a portal for personal tutors, but this organisation appears to me, seems to enjoy finding out what the problems are, by asking people what the problems are and then making an area on the internet, the website, where they can go and look things up – that is the solution to all the problems. But I don't think it is.

While, at other institutions participants expressly stated that they did not have sufficient information or that they could not find this on their university intranet;

F4: Keeping stuff on the web, the intra-web is quite labyrinthine, it is actually very difficult to find information there. Like, when I rang there, they said, “yes, I’ll just send you, I’ll get the link for you,” and then they’ll say “actually, I’ll come back to you, I’ll send you the link when I’ve found it.” And actually, they are the ones responsible for that section of it, and for them it is not automatic, so how it can be for us, and I feel the university relies too much on “look at the web, look at the web,” when that is not the answer, what we need is people.

## 6.4 Physical resources

Finally, when discussing how prepared they were, a few participants noted that, while they have a role in supporting students, they share offices and do not have ready access to appropriate meeting rooms. This makes it difficult to have a private conversation with a student;

I7: At a very basic level there is nowhere to talk privately to students. So, the very, very basic level, and on our mental health program – I find that quite shocking. I share an office with three people, we get on extremely well, so we’re like discrete and try to work out people leaving the room to go to another office. But it’s really not satisfactory at all. There aren’t really one-to-one rooms that I can say ‘okay let’s sit in those rooms over there’.

## 7. What Might Help?

The participants identified and discussed a number of ideas that they believed may help in this area.

### 7.1 Training

Training appeared throughout the transcripts as an area of deficiency and many of the participants believed that additional training may help them to respond better to student mental health. However, this was not a unanimous view and the idea of training emerged as a contentious topic in some of the focus groups. This was largely driven by the concern, on the part of some participants, that if they were provided with more training, their university would expect them to take more responsibility for student mental illness.

F5: I wouldn't want to know more, because I think that would put the emphasis on me to make more decisions.

I8: [Part of me thinks] "Yeah wouldn't it be good if there was a bit of training on this?" but I suppose there's an aspect of saying "should there be training on this?" you know that's not our job.

F5: I don't know what I would do if I go to that training, because I would still just signpost them. In a way, by giving me training in mental health I would think, so are they expecting me to triage more effectively, or putting more pressure on me to know when to signpost, rather than just, I'm a bit unsure, so I'm going to signpost you, which I think is still the right thing to do if you are not a healthcare professional.

For those participants who did feel that additional training would help, a number of topics were suggested. These included;

#### a) Establishing and maintaining boundaries

F5: Training could help with knowing where the boundaries should be and what help you can provide and what you cannot provide, because you are not their friend, you can't be, sort of, kind of, take their hand, but we can't be a counsellor.

I3: I guess clearer guidance on how to have boundaries I think that would be helpful because I think anything else I don't think we can get into offering professional support.

b) Understanding mental health from the point of view of an academic

I6: So, one of the trainings that might be specifically on, dealing with generally problems student have and a part of that might be for mental health problems. Because it is not always clear, when people are appointed, people are not always aware of whether they are going to be able to deal with such issue or not or how they will react in this case.

F5: Maybe training is um... maybe the early signs of how different mental disease do manifest, because at the moment I could just think that a student is just tired or adjusting to being away from home whereas if we had a bit more training that that was a really big warning sign that they could be suffering from xyz.

F3: I'd like to see more education available for staff, of, if a student says, I'm feeling this, it would be really helpful to know what does that feel like, what is the experience of that person, and what is helpful, so often it is what is helpful, I don't think we really all know what might be helpful in different situations, I think a little more focus on common issues, I say common issues, like depression, anxiety, whatever, would be really helpful.

c) Managing distressing information and offloading

F5: There is training that you can get in how to keep a distance, how not to be affected yourself, by listening to what are occasionally very upsetting stories.

d) Signposting and listening skills – especially when there are 'grey areas'

F4: I think a clear road map of what are the kind of procedures to follow in specific cases, I think the problem, we may need more training, but of the pathways, of procedures, some clarity and investment in the kind of resources...

I5: So, I do think it would be helpful to have some staff development so that when they do come to us we feel better equipped to deal with it. Because sometimes I find that I am sitting there talking to them for hours because I'm not sure if I'm saying the right stuff and maybe I could say the right stuff that would move them on in say 20 minutes rather than me sitting there for an hour before I've calmed them down and that would make life easier for me.

However, even among those participants who did believe they would benefit from training, many also identified barriers that would prevent them from accessing this development. Time and the workload of academics, for instance, would make it less likely that some would attend a training programme.



I3: But again, it is that, it's so wrapped up in the amount of work that academic now have to do anyway that I think, I know that I can send around emails saying that "this is being offered to staff in terms of supporting mental health of students" and I know people won't go because they've got so many other priorities. Even if they would want to go and that's a really important issue with them, which it is to most people, they can't do it. Because they have some other meeting that they have to go to. A key issue would be, not doing it in a way that takes up more time.

Others suggested that the little training they had already attended had not been useful for them in their role because it had not been specific enough. For instance, a few participants noted that they had completed Mental Health First Aid training at their university as a one afternoon session and were disappointed that it did not provide any tangible skills for them to take away;

F1: I did the mental health first aid training and I did not find that helpful. I think there were people there who did find it helpful, but I did not find it a particularly useful exercise, there is something about what we all bring to the situation, and our circumstances, which means if it is generic, it does not actually serve a purpose.

F3: Someone from within the university came and gave us some training, it was the mental health first aid badge, an afternoon, it was very good, but I, there was nothing, in one afternoon, there was nothing to take away to practice.

As an alternative, some participants stated that they would like a check list or treatment protocol that they could follow, when a student discloses a problem or presents in a concerning manner. In effect, providing them with a process that takes away their need to assess, triage and make decisions.

I2: For me, if someone said, give me a check list and if you tick four of these boxes, pass it on. I just don't want to be dealing with it. If I was being brutally honest, I don't want to get into the milieu, of what is the right thing to... the weight one was an example, that is a mine-field of conversation that you don't want to have, and not because I'm afraid of the conversation, I don't want to be liable for saying the wrong thing, I don't want to be responsible for it, it is just not something, so if someone said, if you tick four of these boxes, phone this person, put the person in touch, you are done, you have done your duty of care, like a concrete duty of care. I'd be like, "That is great."

F1: I'd like a flow chart that asks, "all the things," have you told x, have you filled out y, have you sent them to counselling... and then for them to be fixed ...

This can be seen as another reflection of a desire for clarity and certainty around the currently uncertain boundaries of their role.

## 7.2 Clarifying role

As has been echoed throughout the report, participants wanted to see their role and boundaries clarified, so that they could understand how much responsibility they had for their students and what responses were expected of them;

F7: I feel there is a lack of information about what is our responsibility to send to the welfare, because we have to... when can you deal with... I don't think the university has so much transparency about the procedures for what we have to do.

I3: I guess clearer guidance on how to have boundaries I think that would be helpful.

However, it was also clear that simply setting down role descriptions on paper or placing guidance on an intranet, would not provide a resolution to this problem. Given that students are likely to continue to push at established boundaries (often unwittingly) and seek out the most approachable academics and that time pressures on academics make it difficult for them to seek out and absorb information, it may be that something more fundamental is required in the culture and management of academics. This shift would have to recognise the unavoidable role academics are now playing in responding to student mental health, create open spaces for discussion and learning and offer ongoing support and accessible training.

## 7.3 Student Services

When asked what would help them, it was notable how many participants responded by requesting more resources for their Student Services departments.

F2: Your question about resources, I don't think too much about me and my situation in this, but the bit that worries me in this, is how much resource in Student Services and it feels like not enough.

F4: Generally, this whole year we've been banging on to the university about how inadequate the mental health support is, there are just not enough people to deal with the problem in this university and the city has a very acute problem as well with mental health services, so it is, we feel that we are the ones dealing with the problem that we are not at all equipped to deal with, or it is not our job to do this actually.

Participants generally identified that a lack of resource in Student Services impacts negatively on them. Increased resource for mental health support, to shorten waiting times and improve responses, was viewed as one way to reduce impact on academic staff.

Participants also requested a closer working relationship with Student Services, to ensure that students received quick and appropriate responses and academics could receive guidance when it was needed.

## 7.4 Wellbeing in the Curriculum

The idea of embedding wellbeing into the curriculum was broadly supported.

F1: Absolutely, it is something that I've noticed and my programme lead has noticed in comparison to other cohorts, because our programme lead is good at noticing things, the numbers of students experiencing difficulties has gone up and up and up in the last few years and I think building something into the curriculum about managing wellbeing and where to go with all of these problems would be really useful.

I10: I think it's really important because you're developing people, whatever professional area they go into, they've got to have resilience, they've got to a level of autonomy and practice, I think in all honesty that's the case in any degree or programme now, it's such a competitive world, it's harder to find work as a graduate, particularly with a non-vocational degree.

F2: That sounds like an excellent idea and I just wonder if that is not something we ought to be doing at an institutional level, because it is not something that lends itself neatly into the pure sciences.

Although some expressed concern that too much was already being inserted into the curriculum at the expense of subject content.

F3: I'm speaking as an engineer. We have significant difficulty and have always had difficulty embedding anything into the curriculum which is not engineering because it is not appreciated and not enjoyed and that includes basic graduate skills you know, business and that kind of stuff, I think embedding this kind of thing would be very difficult.

F3: I wonder if there might be, from people I can think of, there might be academic resistance, to embedding something else, this is less time for you know, for academic work, it might be perceived, I suppose is the point, you know, I think we attempt to embed other things, careers and things, with different levels of student engagement.

I5: My worry is to the moment, we are embedding everything in the curriculum to the detriment of what the topic is.

Participants felt that for this to have impact it would have to be made relevant and pertinent to student groups and not overly generic or voluntary. A number suggested that for it to work it should be a seamless part of the delivery of an academic programme.

I7: It needs to have a context otherwise it's just weird, isn't it? Like "by the way you're coming to study, I don't know, robotics or bio-engineering or something" and they say, "oh by the way...".

I6: Not if it is not assessed. If it were assessed, and it counts towards their degree, there may be mileage because students will only attend things if it counts and something like that would be something they might not go to. Theoretically it sounds great. To be practical it has to be something that would somehow be assessed and count towards their degree.

I3: I guess, the thing would be integrating it into the course or something. I guess the best thing, might be the student counselling services coming in to do it directly with students. Rather than just providing it online. I don't know actually, I don't know how to predict what would work best. I mean again it's a resource issue. And I think also a problem around student's time as well, students feeling they don't have masses of time so there is some way of integrating that into what you're already doing somehow that it would probably work better.

A small number of participants provided examples of ways in which their programme was already addressing wellbeing through the curriculum.

I10: We have had schemes in the past where there have been 8 or 9 sessions a year planned in and it's been around graduate development but level 1 is always around building that resilience, how to plan your time, how to manage it, how to manage anxiety. Level 2 is usually more about employability and thinking about applying for jobs and where to look and managing those processes. Even if in the academic personal tutoring scheme, it could be a little more to wellbeing that would be good, I don't see any harm, partly because its already part of what we do in some areas.

F2: We actually have one module which is about entrepreneurial... where one of the learning outcomes is about resilience, it is about working for yourself, so there are areas of business, in coursework where we talk a lot about it.

Some of the participants also raised concern that there would be any expectation that they would be asked to deliver wellbeing in their curriculum, as they felt this was something they were not trained to do.

F2: The resilience training sounds really good and something students should have, but that should be something that is done by student wellbeing, but that should not be an academic responsibility, we'd be taking on another role, because we've all just sat and said we have not got the training to do it, and we are talking about running resilience training for students.

F2: I don't think I'm qualified to teach that kind of thing. It is personal to me, but because something that is personal to me, just because I've had experience, doesn't mean that that will translate into something teachable, or relatable for students.

## 7.5 Not sure what would help

Finally, a number of participants, having identified barriers to training or accessing more information, were simply unable to identify anything that might help to make the situation better.

F5: But in terms of other interventions for the academics... I don't know what would work best. To be honest.

## 8. Discussion

### 8.1 Limitations

This was a qualitative research project that collected views and experiences from 52 academics and therefore, we cannot absolutely claim that it is a true reflection of the experiences of all academics. To be clear on this would require further follow up quantitative studies.

However, the participants did represent a board cross-section of the sector, both in terms of institution represented and type and experience of the staff contributing. The themes reported here recurred repeatedly across different types of university and different levels of staff. The authors are confident that, had we continued to collect data from further interviews and focus groups, we would have continued to encounter similar experiences and narratives.

It should also be recognised, though, that this report reflects on the perceived experiences of our academic participants. While we absolutely recognise the truth of their experiences, to fully understand the causes and possible solutions to the problems they identify may require us to consider their evidence within a wider context.

### 8.2 The role of academics and student mental health

As is stated in the report, academics are being presented with increasing numbers of students experiencing problems with their mental health and that the problems they are encountering can be complex and carry significant risk. Academics are a, and possibly, the, key interface for student mental health. If this interface does not function properly it creates risk for students, academics and their institutions. This is not something that can be left to chance.

The extent to which academics are being used by students as a key source of support for their mental health, is not something well acknowledged within the sector. Many of our participants felt that their university management were either unaware or uninterested in the demands of this work or its impacts on them or students.

However invisible this work is, it is widespread and unlikely to change. The role academics are playing in supporting students cannot be prevented simply by changing titles, refocussing roles on paper or by trying to persuade students that academics should not be their first port of call. Students will continue to seek support from their academics because they know them and know that their academics understand their subject, their world and the demands they face.

Within this context, the fact that most of our participants raised concerns about the ambiguous boundaries of their role is deeply troubling. This issue needs to be addressed urgently by the Higher Education sector. In resolving this problem, it is necessary to recognise that responding to

presentations of student mental health is now part of an academic's role. Only by doing so will it be possible to identify, establish and maintain appropriate boundaries. To pretend that it has nothing to do with academics leaves academics in an ambiguous mess.

This is not to say that academics should have a role in treating students or providing anything that replicates counselling. This is clearly inappropriate and laden with risk. Academics must be able to work within clear and safe boundaries that are appropriate to their level of skill and the role they occupy.

However, as this report identifies, signposting and maintaining boundaries whilst remaining supportive are skilled and nuanced tasks and academics must be explicitly equipped with these skills, so that students can be appropriately supported and academics can maintain safe boundaries.

### **8.3 Academics and Student Services**

The relationship between academics and Student Services often seems, at best, problematic. This reflects ongoing debates within the sector about increasing gaps between academics and central services.

There can be no question that some boundaries between academics and Student Services are appropriate and necessary. The confidentiality of services, for instance, is vitally important ethically and to ensure access. If students believe that their lecturer will immediately know that they have accessed counselling, it creates a barrier to many students choosing to access this support.

However, for many universities, these boundaries have been positioned in such a way as to create gaps, into which vulnerable students can fall and through which bad and unsafe practice can arise.

There is no reason why current gaps in perspective, understanding and language between academics and Student Services cannot be addressed and eradicated. This would assist academics to signpost more effectively and confidently and could potentially lead to teaching and learning which better supported student wellbeing. Given the fact that student personal and academic experiences of university cannot be neatly separated, it is therefore necessary to reconceptualise the relationship between academic delivery and Student Services to create a clear and consistent overlap between academic and professional services and between student learning and student wellbeing.

Remodelling the interface between academics and professional services, in this way, requires institutional direction and support. Individual academics can only overcome these barriers in an ad hoc manner and many do not have the facility to do so. Responsibility must therefore lie with Student Services, strongly supported by university management.

Where overlap between academics and Student Services is focussed around the learning and development of students, shared areas of language and interest can develop, facilitating better

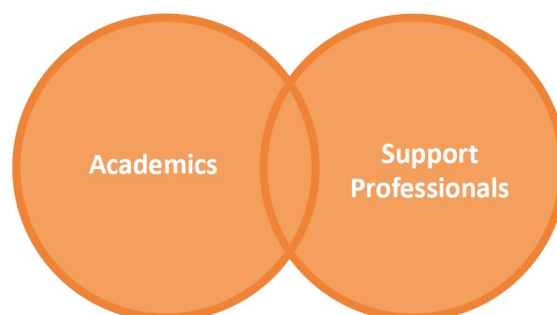
integration of services [15]. This may require Student Services to have better understanding and focus upon teaching and learning, pedagogy and curriculum development.

**Clear defined boundaries create gaps students can fall into.**



*Traditional relationship between Student Services and academics*

**Overlap of interests, practices and principles focused on learning can maintain clearly defined boundaries**



*Collaborative model of relationship between academics and Student Services [15]*

## 8.4 Support for Student Services

Given the increasing demands on Student Services and cuts in some places, a collaborative relationship between academics and Student Services may be an impossible task with current resources.

Institutions should take a clear lesson from the research, that when professional student support within a university is not able to meet demand or is not effective, the burden falls back on their academics. This means that financial savings in Student Services are possibly creating unrecognised risk – to students, to academics and to universities and costing academics time, reducing their productivity.

Waiting times for services result in students seeking support from their untrained, unsupported academic staff, who are struggling to identify and maintain safe boundaries. This constitutes a real legal and reputational risk to academics and their institutions.

It is also clear from the research, that while an effective and accessible counselling service is a vital ingredient in student support; alone it is not enough. Universities must ensure they also have other options for students who do not gain benefit from therapy. These options, (e.g. mental health teams) must be staffed by qualified professionals, capable of gaining the trust and respect of students and academic colleagues.



## 8.5 Training

The weight of evidence indicates that academics (particularly those new in post) should receive more preparation and training for their role. However, the nature of this training may need to be rethought. Training should be specifically relevant to the role of academics, offer practical guidance and skills and be provided through multiple formats so time pressed academics have the chance to access in different ways. Consideration should also be given to student mental health and student support, forming core parts of PG Certificates of Higher Education.

## 8.6 Management and Support

Thought must also be given to the development of academic management and the support that is available to academics. Throughout the transcripts, academics reflected on the lack of support or understanding from their direct line managers or institutional management.

Academic managers must be equipped with the skills and resources to be able to support their staff to appropriately support students and maintain boundaries.

More effort also needs to be applied to ensuring that academic staff are aware of the support already available to them and how they can use it to support this work – e.g. staff counselling services.

## 9. Recommendations

1. There is a need for the sector to debate and define the role of the academic in responding to student mental health. Universities must consider the role played by academics within a whole university approach to student mental health. Within this, the role academics now play must be recognised and accepted, so that they can be provided with a clearer, less ambiguous, more sophisticated description of their role and boundaries. Universities should clarify what responsibilities academics hold (e.g. around duty of care) and where overall responsibilities lie for student wellbeing.
2. Academics should be proactively supported to understand, maintain and communicate appropriate boundaries to their students, both online and on campus. Communications to students from their university should reaffirm these boundaries.
3. Universities must recognise the unavoidable role academics are now playing in responding to student mental health, create open spaces for discussion and learning and provide ongoing support and accessible training.
4. The time cost of supporting students' needs to be appropriately recognised by universities, when considering workloads and planning models.
5. Academics should receive more comprehensive support and training to appropriately and effectively signpost students to relevant services.
6. Student Services need to be resourced and supported to provide a comprehensive, effective and diverse service provision for students.
7. Universities must address the gaps that exist between academics and Student Services, developing overlapping interests, principles, culture and language.
8. To ensure regular communication between academics and Student Services, universities must increase opportunities for structured engagement, regular contact and shared sense of purpose.
9. Academics should have clearer, more visible access to support for themselves and assistance to develop skills. Universities should seek to develop open cultures in which the wellbeing of the whole academic community can be positively addressed.
10. Academics need adequate preparation for their role. This should include clear and accurate descriptions of the expectations of the role and training. This training should be specifically designed for the role academics play and delivered in a range of flexibly accessible formats.
11. Academic managers must be equipped with the skills and resources to be able to support their team to appropriately respond to student mental health and maintain boundaries.
12. Universities should consider the role of curriculum in supporting the development of good student wellbeing and learning – bringing mental health professionals and academics together to develop and deliver this content.

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